

Renal Health Limited

Manor Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Manor Lodge Care Home is a residential care home providing accommodation and personal care to 21 adults in one adapted building. At the time of this inspection 16 people were resident. People who live at Manor Lodge have varied health and social care needs, such as mental health, physical, learning disabilities and dementia.

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

An effective and robust system to assess, monitor and improve the quality of the service was not in place. Staff morale was low, and they told us they did not feel supported. Residents meetings had taken place however; the tone of the minutes was not supportive, or person centred.

Safeguarding concerns had not been responded to in a timely manner. Risks had been identified but had not always been assessed or managed. Records had not been kept up to date in response to changing needs. A formal way of assessing the numbers of staff needed was not in place. There were gaps in the registered manager's knowledge in relation to current COVID-19 guidance.

Medicines were administered safely however; we have made a recommendation about 'as and when required' medicines.

Safe recruitment practices were in place.

In relation to the COVID-19 pandemic people were not always supported to have maximum choice and control of their lives. It was not always documented that people were supported in the least restrictive way possible and in their best interests; the systems in the service did not always support staff to follow the principles of the Mental Capacity Act. We have made a recommendation about restrictions incurred during the pandemic.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, Right Care, Right Culture. Access to the community had not been fully assessed in line with COVID-19 guidance. We did not fully explore 'Right support, right care, right culture' at this inspection, this will be reported upon at our next inspection.

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 (report published 2 July 2019).

Why we inspected

We received concerns in relation to safeguarding and the management of risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. During the inspection we found there was a concern with staff support so we widened the scope of the inspection to include the key questions of effective.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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 that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

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

Enforcement

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

We have identified breaches in relation to safeguarding people from the risk of abuse and improper treatment, safe care and treatment, staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Manor Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service had a manager who was 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We contacted the local authority, safeguarding, infection prevention and control and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We met with everyone who lived at Manor Lodge Care Home. We spoke with four people and four relatives about their experience of the care provided and spent time observing interactions with staff. We spoke with nine members of staff including the registered manager, team leaders, support staff and ancillary staff. We reviewed a range of records. This included four people's records relating to their support and multiple medicine records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were also reviewed, including safeguarding records, maintenance records and premises safety.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 deteriorated 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.

Systems and processes to safeguard people from the risk of abuse

- Systems to safeguard people were not always followed in a timely manner.
- Staff had delayed raising concerns and the registered manager had delayed acting on the concerns meaning people had not been safeguarded from the potential of ongoing abuse.
- Discrepancies in finances had been identified, but no action had been taken to safeguard people from the risk of financial exploitation or loss.

Systems had not been effectively implemented to safeguard people from the risk of abuse. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we were informed that action had been taken in respect of finances and there had been no financial exploitation.

Assessing risk, safety monitoring and management

- Some risks to people were identified but risk assessments and risk management plans were not always in place.
- Risks had not always been reviewed following a change of need, or involvement from a healthcare professional.
- Issues with the heating and hot water system had been ongoing since October 2020 and had not been resolved. This impacted on people's dignity and choice and their concerns had not been fully responded to.
- Annual servicing of fire extinguishers had not been completed since January 2020.
- An accidental fire alarm activation had resulted in a fire drill in January 2021. Prior to this the last fire drill was July 2019. There was no evidence that a fire drill had taken place during the evening or early morning when staffing levels were reduced. This was out with of fire safety guidance which states fire drills should be carried out annually and during the night to include the applicable night time staffing levels.

The failure to have an effective system to assess, monitor and manage risk was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, the nominated individual confirmed action had been taken in relation to the concerns around the heating and hot water.

Staffing and recruitment

- We could not be sure enough staff were deployed to meet people's needs as a dependency tool had not been used to calculate the numbers of staff needed to make sure people's care and support needs were appropriately met.
- Two staff were on duty afternoons and weekends. They provided personal care and support with meals, medicines administration and activities as well as completing laundry and housekeeping duties. Staff said this was not enough as it meant people were often unsupported.
- Some people's care plans stated they would be supported to go out on walks. One staff member was available on a Monday to support people on a one to one basis, however at other times, particularly afternoons and weekends this would be difficult due to staffing levels.
- Three staff were currently not at work and their hours had not been fully backfilled.

The failure to have enough staff deployed to meet people's needs was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment practices were followed.

Preventing and controlling infection

- An effective infection prevention control (IPC) system was not fully in place. The registered manager was not able to describe the appropriate way to put on and take off PPE in line with current guidance.
- People were seated next to each other in communal areas with limited adherence to social distancing guidance. The registered manager said some people had received shielding letters. There were no individual risk assessments and support plans in place to document the actions taken to reduce the risk of COVID-19.

The failure to have an effective IPC system in place was a was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate checks were completed on visitors to reduce the risk of visitors catching or spreading COVID-19.
- Staff were following the guidance in relation to PPE and could describe the correct procedures for the putting on and taking off of PPE.
- Testing was being accessed for people and staff.
- Cleaning regimes were in place and appropriately followed.

Using medicines safely

- Minor shortfalls were identified with the recording of the administration of some medicines.
- People had capacity to decide when they needed any 'as required' medicines however, there were no protocols in place for staff to follow.
- Risk assessments for the administration of medicines were in place, but they were not specific to each person.

We recommend the provider follows best practice guidelines in relation to records linked to the management of people's medicines.

Learning lessons when things go wrong

- Lessons had been learned in relation to previous incidents, including adaptations to the building, the development of a new policy relating to Do Not Attempt Cardiopulmonary Resuscitation and updated CPR training.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- An effective system to ensure staff were supported in their job role was not in place. Supervision meetings had not been carried out as planned.
- Staff said they did not feel supported in their roles and had not had any supervision (support meetings) since July 2020 when the previously registered manager left their post.
- A system to ensure staff were suitably trained was not fully in place. People with a learning disability, autism and mental health needs were supported at the home. No training in these areas had been provided.
- Practical moving and handling training was not provided. Staff competency had not been assessed by the registered manager, who advised that staff completed an online assessment and would follow occupational therapy plans and care plans.

The failure to have an effective system to ensure staff were supported and trained to meet the needs of people was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some specific training to support staff to meet people's needs had been provided, including epilepsy and dementia.

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

- The preadmission procedure had not been reviewed and updated following the onset of the COVID-19 pandemic to ensure people were admitted safely into the home.

The failure to ensure procedures were up to date with current guidance was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Records did not always evidence how staff had followed the MCA in relation to the current COVID-19 pandemic.
- The provider had introduced restrictions in relation to accessing the local community. There was no evidence that people had been involved in decisions around the restrictions in place.

We recommend the provider seeks advice from a reputable source/s to ensure decisions relating to any restrictions incurred during the pandemic are based upon an individualised and dynamic risk assessment to help reduce the impact of COVID-19 upon people's wellbeing.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People said they enjoyed the meals and were always offered a choice.
- One relative said, "[Family member] wants to lose weight so the staff are supporting them."
- Healthcare professionals such as speech and language therapy specialists, district nurses and GPs were involved in some people's care. However, records relating to people's needs were not always updated to reflect the advice provided.

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

- People's rooms were very individualised and reflected their personalities. Communal areas were welcoming and homely.
- A quiet lounge was being used to support designated visiting during the COVID-19 pandemic period, as it was easily accessible from the main door and could be deep cleaned following each visit.
- The lift had been recently refurbished to ensure its reliability as some people residing at the home were unable to use the stairs.

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 deteriorated 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; Continuous learning and improving care

- A system to ensure regulatory requirements were met was not in place. The provider's governance system was not robust enough to identify shortfalls in quality and safety and ensure timely action was taken to address these.
- We identified shortfalls in many areas of the service including the assessment of risk, infection control, safeguarding people from the risk of abuse, staffing levels, staff training and support, the management of medicines and MCA.
- Timely action had not been taken to address the concerns relating to heating and hot water and fire evacuation procedures.
- Records were not always complete or accurate. Risks had been identified but not always assessed. Records had not always been updated to reflect changes in need.
- Safeguarding concerns had not always been reported or responded to in a timely manner.

The failure to have an effective system to assess and monitor the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we continued to liaise with the nominated individual about the concerns we identified and some assurances were given in respect of the heating and hot water, staffing levels and premises safety.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was limited evidence of an open and empowering culture. Concerns were not responded to in a timely manner and there was limited oversight of involvement and engagement with people and staff.
- Staff said they did not feel supported by the registered manager and felt morale was low. Some staff said there was a "blame culture." One staff member commented that they did not know the registered manager which had impacted on the level of trust they felt.
- The inspector raised three separate safeguarding alerts in relation to inspection findings and anonymous concerns received during the inspection. Those staff raising the concerns said they had not felt able to raise the concerns with either the nominated individual or registered manager.

- Residents meetings had taken place. The minutes of meetings were not written in a person-centred way and did not consider people's equality characteristics. The minutes were disparaging and read as a list of rules and restrictions being imposed upon people. The registered manager advised us that he had not reviewed these minutes and he therefore had not identified and addressed the inappropriate recording in minutes by staff.
- Minutes of staff meetings were not always available to document what had been discussed and any actions for improvement

The failure to have an effective system to seek and act on feedback was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 understood the principles of duty of candour.
- During, and after the inspection the registered manager and nominated individual were open to the feedback we shared with them about our findings.

Working in partnership with others

- The local authority were involved in working with the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes had not been established and operated effectively to protect people from abuse and improper treatment.</p> <p>Regulation 13(1)(2)(3)(4)(6).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of competent staff had not been deployed to meet people's needs. There was a failure to provide staff with appropriate support, training and supervision to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (1)(2)(a).</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and support was not provided in a safe way. There was a failure to assess, mitigate and monitor risks to the health and safety of people receiving care and support. Not all had been done to ensure staff had the competence to support people safely in relation to moving and handling. There were failings in ensuring the premises was safe for its intended purpose, specifically related to fire safety, hot water and heating. The risk of preventing detecting and controlling the spread of infections had not been assessed.</p> <p>Regulation 12(1)(2)((a)(b)(c)(d)(h)</p>

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been established and operated effectively to ensure compliance. There was a failure to assess, monitor and improve the quality and safety of the services provided.</p> <p>There was a failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>There was a failure to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and support provided to the service user and of decisions taken in relation to the care and support provided.</p>

The enforcement action we took:

We issued a warning notice