

Renal Health Limited

Manor Lodge Care Home

Inspection report

32-33 Victoria Avenue
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Manor Lodge Care Home is a residential care home providing accommodation and personal care for up to 21 adults in one adapted building. At the time of this inspection 12 people were resident. People who live at Manor Lodge have varied health and social care needs, such as mental health needs, physical needs, learning disabilities and dementia.

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

Since the last inspection widespread changes had been made. A new framework of audits had led to improved monitoring which had led to improvements in the quality and safety of the service. Continuous learning was a clear focus and it was acknowledged that the service was embedding new systems and ways of working.

People told us they felt safe and happy. Safeguarding concerns were reported and responded to appropriately and in a timely manner. Improvements had been made to the environment including the maintenance of the heating and hot water system. Measures to minimise the risks of COVID-19 were in place. Some staff told us they were not wearing PPE appropriately. The registered manager and provider took immediate measures to ensure staff were following the current guidance. Risks were assessed and mitigated where possible. A new electronic support planning system was being rolled out. We have made a recommendation about the review and audit of the content of risk assessments and support plans.

Staff said they felt there were enough of them to meet people's needs at present. Improvements had been made to the staffing structure and allocation of staff in the kitchen. Staff said they felt well supported and opportunities for training and learning had improved. They described their job role and what was expected of them.

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.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, effective and well-led the service was able to demonstrate how they were embedding the underpinning principles of Right support, right care, right culture.

Right support:

- People were supported to access the community.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights

Right culture:

- Improvements had been made to the culture of the home to promote inclusion and involvement in decision making.

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 requires improvement (published 14 April 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced focused inspection of this service during 2 to 9 March 2021. 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 good governance, safe care and treatment, staffing and safeguarding.

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 of 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 requires improvement to good. 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 Manor Lodge Care Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 information we had received about the service since the last inspection. We sought feedback from 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 the information the provider sent us in the provider information

return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people and one relative about their experience of the care provided and spent time observing interactions with staff. We spoke with seven members of staff including the registered manger, assistant manager, team leaders, support staff and ancillary staff.

We viewed a range of records. This included three people's records relating to their support and multiple medicine records. We looked at one staff file in relation to recruitment and supervision. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data and quality assurance records.

We contacted nine staff by email and received responses from three. We also spoke with one family member. We had email exchanges with the director of operations and 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

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

- Systems and processes to safeguard people had been implemented. Staff said they understood the process to follow and would not hesitate to raise concerns.
- People said they felt safe and happy. One person said, "Oh, I'm very safe here with the staff."
- The registered manager had appropriately reported concerns and taken appropriate action to minimise any ongoing risks.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to have an effective system to assess, monitor and manage risk. 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 were assessed, monitored and mitigated. A risk and needs assessment tool was completed which was evaluated monthly, and in response to any change.
- Improvements had been made to the management of the safety of the premises. The heating and hot water had been repaired after the last inspection.
- Premises safety checks and fire drills were completed.
- An electronic system for support planning and risk management was being implemented with staff undergoing training at the time of the inspection.

We recommend continued review and audit of the support planning system to ensure best practice is achieved and maintained.

Staffing and recruitment

At our last inspection the provider had failed to have enough staff deployed to meet people's needs. 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 12.

- Sufficient staff were deployed. Staff said they were able to meet people's needs with the current staffing levels. They told us about improvements that had been made which allowed them to spend more time with people.
- A dependency tool was used which gave an indication of the staffing numbers needed.
- Safe recruitment practices were followed.

Preventing and controlling infection

At our last inspection there was a failure to have an effective Infection Prevention and Control (IPC) system in place. 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 somewhat 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

During and immediately after the inspection we were assured steps had been taken to ensure staff were following the current guidance in relation to PPE use.

Using medicines safely

At our last inspection we recommended the provider follow best practice guidelines in relation to records linked to the management of people's medicines. The provider had made improvements.

- Staff administered medicines safely and followed current guidance. One person said, "I get my medicines on time."
- Detailed protocols for 'as and when needed' medicines were in place.
- Staff sought people's consent prior to the administration of medicines and were able to explain to people what their medicines were for.

Learning lessons when things go wrong

- Lessons had been learned from discussing incidents and concerns. This included amending the rota to make sure people's needs could be met.
- Where appropriate the staff team were included in discussions to ensure a team approach to learning lessons.

- Debriefs and reflections were supporting the development of positive team working in an open and inclusive culture.

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 the provider had failed to ensure staff were supported and trained to meet the needs of people. 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 said they felt well supported by the new management team.
- Improvements had been made to the training offered. Staff said they had attended some face to face training, including autism and were learning from the registered manager and assistant manager.
- Newly recruited staff said they had completed an induction. The registered manager said work was in progress to improve the induction, so it was more specific to Manor Lodge Care Home.

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

At our last inspection there was a failure to ensure procedures were up to date with the current guidance around COVID-19 and admissions to care homes. 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.

- The process for assessing the needs and choices of people prior to admission had been reviewed to ensure safe systems of working during Covid-19 were adopted.
- People were being involved in support planning. Their needs and choices had been reviewed and assessed regularly.

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.

At our last inspection we recommended the provider sought advice from a reputable source to ensure decisions relating to any restrictions incurred during the pandemic were based upon individualised and dynamic risk assessments to help reduce the impact of COVID-19 on people's wellbeing. The provider had made improvements.

- The principles of the MCA were being followed in relation to COVID-19 meaning people were able to access the community in a safe way, if they chose to do so.
- Where people had an authorised DoLS in place these were monitored and appropriately followed.

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

- People were supported with all aspects of their health and wellbeing.
- People told us about visits to the GP practice, nurses and dentists. One person said, "I'm going to see the nurse and then to the dentist." Another person told us about the support they had received from staff with their health and well-being.
- Staff spoke with us about people's nutritional needs and they understood and followed guidance from nutritional experts and speech and language therapy.
- Nutritional needs were catered for and people told us they enjoyed the food.

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

- Improvements to the design and decoration of the building were underway.
- People had been consulted on the environmental changes and were supported to be involved in decisions around décor, soft furnishings and the use of different rooms.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection there was a failure to have an effective system to assess and monitor the quality and safety of the service. 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.

- Since the last inspection a new management structure had been introduced and a new management team recruited. Relatives and staff said they had seen improvements since the last inspection. One relative commented, "It's a million times better, good staff, the manager is really nice and easy to talk to, it's definitely moving in the right direction." Staff said they were involved in decision making, were listened to and supported. People's comments included, "I like [manager] very much" and "They are very good."
- Improvements had been made to the audit and governance framework which had led to a more effective system to assess and monitor the quality and safety of the service. The system could be accessed remotely so the provider could maintain oversight if they were not able to visit the service in person.
- Staff said they had a clearer understanding of their roles and knew what was expected of them. If they needed support, they felt able to approach the assistant manager, registered manager and provider. Comments included, "They are the best management team we have ever had."
- Action plans were in place to ensure continuous and timely improvements were made.

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

At our last inspection there was a failure to have an effective system to seek and act on feedback. 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.

- The management team were working to embed a person centred, inclusive and empowering culture. One relative commented, "There's a really nice atmosphere now ideas are being listened to and people are leading more meaningful lives."

- People were involved in resident meetings and it was evident they were actively involved in decision making about the service. One person said, "We have meetings with [the manager]." There was also a focus on supporting people to make decisions about how they wanted to live their lives and developing meaningful opportunities for people.
- Staff spoke about increased morale and teamwork. They said they attended team meetings and were involved in decision making and knew there were still changes and improvements to be made but felt things were much improved.

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 principles of the duty of candour were understood and followed.
- Since the last inspection the management team has engaged in open and honest communication with the Commission, acknowledging changes made and recognising where ongoing development and embedding of systems is needed.

Working in partnership with others

- The management team had worked in partnership with the local authority, safeguarding and the commission since the last inspection to develop the service.
- The whole staff team were working with each other and healthcare professionals to ensure people's needs could be met in a safe and appropriate way.
- Links were being forged with other organisations to develop cooperative relationships and shared learning.