

Maria Mallaband 16 Limited

Manorhey Care Centre

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection took place on 13 and 14 March 2018 and it was unannounced.

At the previous inspection in December 2016 we found breaches of legal requirements in relation to notifications of incidents, evidence of seeking consent to care appropriately, person centred care, professional development of staff and evidence to verify equipment maintained in line with manufacturers' guidelines and governance systems.

Following our last inspection (December 2016), we asked the provider to complete an action plan, which they submitted in April 2017, to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well Led to at least good. At this inspection, we noted improvements had been made in relation to submitting notifications, staff development and providing person centred care. However at this inspection, we found continued breaches of the regulation regarding the need for consent, equipment maintenance and good governance and significant concerns relating to the safe management of medicines. Further information about these concerns can be found in the relevant key question sections of this report.

Manorhey Care Centre (Manorhey) 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.

Manorhey accommodates 83 people across three floors. The ground floor unit specialises in providing care to people living with dementia, the first floor specialises in providing nursing care and the second floor provides residential care. At the time of this inspection there were 80 people living at the care centre.

There was a manager in post who had been registered with the Care Quality Commission since May 2015. 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any

key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. You can see what other action we have told the provider to take at the back of the full version of the report.

People told us they felt safe living at Manorhey. At this inspection, we found serious concerns relating to the safe management of medicines. For example, we found some people had not received their medicines as prescribed because these had run out and had not been re-ordered. Staff did not have sufficient information to help them administer medicines in a safe manner. This was a breach of the regulation in relation to the safe administration of medicines.

Lifting equipment used to transfer people was not serviced in line with legal requirements and was a breach of the regulation. This meant people were at risk of injury until this equipment was serviced. This concern was highlighted to the registered manager who immediately removed the equipment from use.

Governance systems continued to be ineffective as they failed to identify the concerns we found during our inspection such as the inadequate management of medicines and equipment that required servicing. The lack of thorough oversight by the provider and registered manager meant we found that concerns raised at the last inspection had not been remedied. This meant people were at risk of poor quality care because the provider and the registered manager did not provide suitable assurances they effectively monitored the service provided.

Staff employed at the home had undergone all appropriate pre-employment checks to help ensure they were suitable for the role. Staff we spoke with were aware of their safeguarding policy and procedures and knew what action to take if they suspected abuse was taking place.

The registered manager and staff demonstrated an awareness of the Mental Capacity Act 2005 (MCA). However, we found the service did not consistently follow the principles of the MCA and continued to be in breach of the regulation in this regard. This meant people's rights were not correctly safeguarded.

Staff received an induction, mandatory training and shadowed experienced colleagues prior to working unsupervised. Improvements had been made in how staff supervisions and appraisals were scheduled. These interventions, training and professional development, helped to ensure staff were competent and well equipped to carry out their roles.

There was a suitable choice of nutritious food and drink on offer at Manorhey. People's meals were prepared according to their preferences and specific needs, for example, texture-modified or halal. This helped to

maintain people's good health and wellbeing.

Staff's approach was caring and empathetic though we found the service did not demonstrate the hallmarks of a caring organisation. This was evidenced by the serious concerns we found in the management of medicines and the manner in which the registered provider assessed and monitored the quality of the service.

People and their relatives gave us many examples of how staff supported with kindness and compassion. People said staff carried out their duties in a respectful manner and that they were supported by staff who knew them well.

People told us staff encouraged them to be independent according to their abilities. Staff we spoke with confirmed this. This helped to promote people's general good health and wellbeing.

There was a variety of activities arranged within the home and in the community and suited to people's individual preferences and abilities. Regular activities helped to stimulate people's wellbeing and were facilitated by dedicated activity coordinators with the support of care staff.

People told us they knew how to make a complaint or raise concerns. There were systems in place to manage complaints and we saw these were investigated in line with the provider's policy and procedures.

There was a registered manager in post and everyone we spoke with told us they and the entire staff team were approachable and helpful.

There were policies and procedures in place and regular staff meetings were held to help ensure staff were supported to undertake their role effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service is not safe.

Medicines management systems needed to be more robust to help ensure people received their medicines as prescribed and in good time.

Equipment used to transfer people was not serviced in line with safety regulations.

There was sufficient staff on duty at each shift to help ensure people were supported as needed.

Is the service effective?

Requires Improvement ●

The service was not effective.

Though some improvements had been made the service still did not consistently evidence that consent to care had been sought in line with legal requirements.

The registered provider had made significant improvements in providing staff with appropriate professional development on a regular basis.

Dining arrangements within the home had been improved following recommendations made at our last inspection.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The service did not always demonstrate the hallmarks of a caring organisation though people told us staff were kind and treated them with dignity and respect.

The service considered and catered for people's equality and diversity needs such as religious and cultural beliefs and practices.

People told us they were supported to maintain their independence according to their abilities.

Is the service responsive?

Good 

The service was responsive.

Care records were person centred, contained detailed descriptions of people's needs and were reviewed regularly.

There was a variety of activities taking place within the home which helped to ensure people were physically and mentally stimulated.

There was an effective complaints process in place.

Is the service well-led?

Inadequate 

The service was not well led.

Monitoring and quality assurance processes did not effectively identify significant concerns about the quality of care provided. This meant people were at risk of harm because the quality of care was not effectively monitored.

People and their relatives said the registered manager was approachable and visible and that staff were friendly and helpful.

Staff meetings and policies and procedures were in place to help staff carry out their roles effectively.

Manorhey Care Centre

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 was planned to check 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 inspection took place on 13 and 14 March 2018 and was unannounced.

The inspection team comprised of three adult social care inspectors, a pharmacist inspector and two experts 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. This information helped us to plan our inspection. A notification is information about important events which the service is required to send us by law.

We contacted Trafford local authority and the clinical commissioning group for any information they held about the service. We also contacted Trafford Healthwatch and checked their website. Healthwatch had not received any feedback about this service to date. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. We reviewed information sent to us by the infection control lead of the NHS Foundation Trust Trafford division; their infection control audit had been carried out in July 2017 and the home had performed exceptionally well.

During our inspection we looked around the building and observed mealtimes and interactions between staff and people living in the home. We carried out an observation known as a Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who cannot easily express their views to us.

We spoke with 13 people and 11 relatives, the registered manager and deputy manager, the chef, and 6 staff including nurses, senior care staff and administrative staff. We observed the way people were supported in communal areas and looked at records relating to the service, including four care records and daily record notes, medication administration records (MARs), four staff recruitment files and training records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

At the last inspection in December 2016, we found that medicines were not always managed safely. At this inspection we found areas of significant concern with regard to the safe handling of medicines which put people's health and wellbeing at significant risk of harm.

At this inspection, a medicines inspector looked at the medicines and medication records of 30 people living at Manorhey between 12 February and 13 March 2018. We found that some of people's medicines were not managed safely. For example, on the ground floor, we found medicine rounds took a long time to complete and from the times recorded we saw some medicines were given within unsafe time intervals. Each dose of paracetamol, for example, should be given at least four hours apart. For example, we found examples where paracetamol was frequently recorded as given with only a three hour time interval between the tea time and bedtime doses. The nurse told us that the registered manager and registered provider were aware of this and were considering adjustments to make the round shorter, but these had not yet been implemented. This is an unsafe time interval and poor recording of these times placed people's health at risk of harm.

We found that seven people ran out of medicines for between one dose of one of their medicines to being without one of their medicines for almost two weeks. We looked at records about stocks of medicines for ten people from 12 February to 11 March 2018 and found that seven people did not have medicines administered because the nurses recorded they were out of stock. The medicines that were out of stock were used to treat a range of conditions from constipation to epilepsy.

Also, records we looked at showed that some medicines were administered at the same time as other medicines that needed to be taken with food or were given with food supplements.

The above examples meant that the people were at risk of harm because they did not receive their medication as prescribed.

We found serious concerns about information regarding the use of thickeners and that care staff did not always have written guidance to know how thick people's fluids should be made if they had a swallowing problem. In one person's bedroom, we saw that information was available but this information was different from what was recorded in their care plan and staff we spoke with also gave us conflicting information. This meant the person was at risk of harm from choking or aspiration because information was either incorrect or staff were not aware of this.

We saw some people needed medicines to be given covertly, meaning hidden in food or drinks. We found there was no information available to guide staff as to what foods or drinks the medicines should be put in. We also saw no advice had been taken from a pharmacist as to which foods and drinks it would be safe to hide the medicines in. This meant that people were at risk of their medicines not being hidden consistently and safely.

As at the last inspection in December 2016, we found that medicines which were prescribed "when required"

or with a choice of dose did not have any personalised information to help staff know when to offer the person their medicines. This meant these medicines were not being given consistently. The protocols that were in place referred to using the Abbey pain chart to assess people's pain levels. We found that people were given pain relief even when the nurses used the Abbey pain scoring system and had assessed they were not in pain. We saw the protocols for medicines used to treat constipation stated the nurses should refer to people's bowel charts. However, we noted from MAR charts that some people had been given laxatives when they already had loose bowels.

We saw that two entries made in the controlled drug register (a book kept to ensure that the use of controlled drugs, like morphine, could be tracked accurately) had been crossed out and changed making it unclear if the medicine had been administered. We asked the registered manager about the crossed out entries and they told us that the nurse no longer worked at the home. The home had notified CQC about this incident in December 2017 and stated on investigation the records in the register had been "manipulated". The notification also stated that the registered manager was in the process of reporting this incident to the controlled drugs accountable officer for Trafford. However at inspection the registered manager told us the incident had not been reported because they were taking advice on who should be contacted.

The above findings evidence a breach of Regulation 12(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in December 2016 we found a breach of the Health and Social Care Act 2008 in relation to equipment maintenance. The registered manager was unable to provide evidence that portable appliance testing and annual inspection of the sprinkler system had been carried out. Following our site visit, we received a record dated January 2017 to indicate the sprinkler system had been serviced. At this inspection we found this regulation was still not being met.

During our walk around the home, we saw a mobile hoist that had not had its mandatory six-monthly inspection in line with the Lifting Operations Lifting Equipment Regulations 1998 (LOLER). The equipment was still in use in March 2018 and had an expiry date of January 2018. This was a continuing breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were at risk of potential injury until this equipment was serviced. We brought this to the registered manager's attention immediately and they took the machine out of use. The following day the registered manager told us and we saw the certificate that the machine had been serviced.

In the main, we found appropriate premises and maintenance checks were carried out to help ensure the home environment was safe for people and staff at Manorhey. Checks carried out included fire safety equipment, electrical systems, hoists and the passenger lift and water systems. Actions identified were progressed to help ensure people's safety and wellbeing.

At our inspection in December 2016, we identified two safeguarding incidents which should have been reported to the CQC. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found no instances which should have been reported to us.

Prior to our site visit we reviewed information the registered manager sent to the CQC about safeguarding notifications. We found there were several instances of physical abuse that occurred amongst people living at the home on the ground floor. At inspection we discussed what action had been taken to reduce occurrence of these incidents. The registered manager told us and we saw from people's records there had been specific steps taken such as the involvement with the specialist dementia crisis team and reconfiguration of the nurse's station. However the registered manager had not collected any information to

evidence the impact that these measures may have had on preventing similar incidents from occurring in the future.

Accidents and incidents were collated monthly and identified the type and severity of accident/incident, if it related to a resident or staff member and the outcome of the incident, for example, taken to hospital or risk assessment updated. We asked the registered manager what analysis had been carried out to identify possible patterns which may help to reduce risk and inform appropriate prevention strategies. We had asked this question at the last inspection in December 2016. They told us this type of analysis was not done in any systematic way. The registered manager however told us and we saw they had introduced a 'Resident at Risk' register. This register kept a record of any resident who was identified as high risk of an incident occurring such as pressure ulcers and falls. The person stayed on the register until a suitable action to resolve the risk had been taken. This helped to ensure people with high risk concerns received the appropriate action in a timely way.

With regards to ensuring people living at Manorhey were safe, staff were able to tell us how they would keep people safe and were knowledgeable about the registered provider's safeguarding policy and procedures. Staff we spoke with were also aware of the whistleblowing policy which we saw was displayed in staff areas. Staff told us the registered manager, deputy manager and team leaders were approachable and open and therefore could go directly to them if they had any concerns about people's welfare or safety. We were assured that systems in place helped to ensure people were protected from harm.

We reviewed the care records for four people and we saw that appropriate risk assessments were in place to manage areas of people's care such physical care needs, mobility and dexterity, and skin integrity. We found assessments were detailed and person centred and reviewed monthly. Staff we spoke with understood the needs of the person and the action to be taken to safeguard their wellbeing and mitigate harm. This meant that people were protected from anticipated risks because there were measures in place to help ensure staff knew how to support people safely and effectively.

We found there was an effective recruitment and selection process in place to help ensure people were protected from harm. We examined four staff recruitments records. Each recruitment record contained the relevant pre-employment documents and checks such application forms including full employment history, proof of identification, health questionnaires and Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. This meant the registered provider had systems to help ensured suitable staff were employed.

We looked at the staffing levels across the service, spoke with the registered manager about staffing and looked at staffing rotas. They told us and we saw they used a dependency tool to determine the number of staff required to ensure safe provision of care. A dependency tool calculates staffing levels based on a detailed assessment of each person's needs. Our general observations throughout our inspection confirmed sufficient staffs were present to attend to people satisfactorily.

Staff told us that they felt that there was enough staff on duty to be able to meet the needs of people living at the home safely and that the home did not often have to rely on agency staff. One staff member commented 'We always make sure someone is in the lounge with the residents to observe what is happening'. Tea time can be quite a challenging time as many of the residents are more active around this time so we have to be on hand to assist when needed.' People visiting the service also told us that there was enough staff on duty to be able to support people living at the home without having to rush.

We found personal emergency evacuation plans (PEEPS) were in place and up to date. These clearly described the level of assistance and equipment people would need to evacuate the building in an emergency.

We spent time in the laundry facilities within the home and spoke with two staff members employed specifically to manage the laundry. We saw the laundry was properly equipped and well organised. There was a clear system in place to keep dirty items separate from the clean ones. At the last inspection in December 2016 there had been complaints raised in relation to clothing items going missing or being disposed of inappropriately. We made a recommendation that the service ensured people's clothing items are labelled appropriately to enable a return to their rightful owners. We saw there had been improvement in this area and that all people's clothing items were labelled by the home although families could choose to do this themselves.

We saw that the home was well maintained and kept clean and free from unpleasant odours. People and relatives told us, "As far as the cleanliness is concerned I am very impressed with it; everything is spotless" and "It's extremely clean and comfortable. [Person's] room is always clean." We observed that staff used the appropriate protective equipment and staff we spoke with were knowledgeable on maintaining good hygiene practices to prevent cross contamination. Prior to our inspection, we received the most recent report from the infection control lead of the NHS Foundation Trust Trafford division. We saw the service had achieved 100% compliance in its audit carried out in July 2017. This meant that people living at Manor Hey were protected from harm of infection because there were effective systems in place to do so.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection in December 2016 we found a breach of the Health and Social Care Act 2008 in relation to following the principles of the MCA. We found some care records did not contain authorisation that consent to receive care and support had been sought appropriately. We found this regulation was not being met in all aspects.

At this inspection in March 2018 we found examples, as we did last time we inspected, that consent to care was signed by relatives who did not have appropriate authorisation, such as power of attorney, to do so. However we did see in some care records that the home obtained the appropriate authorisation to sign consent.

We looked at mental capacity assessments and found these were completed, as required, for areas of care such as personal care and food and clothes choices and any identified restrictions, such as the use of bedrails and medicines taken covertly. We found in one person's mental capacity assessments that information recorded was contradictory in parts. For example, the assessments stated the person was able to make clear choices with regard to their personal care and food choices but the outcome of these stated the person lacked capacity. We raised this issue with the registered manager and deputy manager who agreed with our findings and agreed to review these assessments.

The registered provider failed to demonstrate that it worked consistently within the principles of MCA. This was a continued breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found DoLS applications had been applied for where appropriate and mental capacity assessments were in place to underpin each application. We saw that the registered manager kept a record of applications sent to the local authority for authorisation. We made a recommendation that the registered provider develop a specific DoLS care plan as this would be good practice to help ensure requirements and criteria of the DoLS were reviewed regularly.

Staff members we spoke with had a good understanding of mental capacity requirements and how they related to a person's ability to make decisions and choices. For example, one staff member told us, "You shouldn't assume someone lacks capacity because they have dementia." Staff also told us how they ensured that day to day choices were supported on an individual level.

At the last inspection in December 2016 we found a breach of the Health and Social Care Act 2008 in relation to staffing. We found there was inconsistent approach to staff supervision and appraisal records were out of date. At this inspection we found improvements had been made and the regulation was being met. This meant the registered provider ensured systems in place helped to support staff in their role.

Staff also told us, and staff records we looked at confirmed, they received supervisions every three months and annual appraisals. Staff told us supervisions and appraisals were used to discuss their professional developmental needs, training preferences and any performance concerns they may have.

We found people were supported effectively by staff who had appropriate skills, knowledge and experience. We asked people, relatives and visitors if they found staff to be effective in their roles. Their comments included: "I think that the staff are properly trained, know what they are doing, and understand what mum needs. The one-to-one care is good; they play games and so on with [person] during the day" and "The care is exceptional. The staff seem to be training all the time."

Staffing training records we looked at showed newly recruited staff had received an induction and shadowed experienced staff when they first started at the service. Records we examined also showed staff new to care were enrolled to do the care certificate which is a nationally recognised set of standards to be worked towards during the induction training of new care workers. Staff received relevant training in topics such as moving and handling, nutrition, infection control, and safeguarding; these were reviewed as necessary in line with the registered provider's policies. We saw competency assessments were completed by senior staff and recorded as completed on the training matrix. Staff were complimentary about the training offered and told us this had adequately prepared them to do their job. One staff member told us, "I feel well supported and enjoy the training – I am half way through the care certificate."

We looked at the care records for four people living at Manorhey. Detailed initial assessments had been completed prior to admission which recorded the specifics of care and support required. This helped to ensure the service was able to meet the person's assessed needs. Initial assessments were used to develop person centred support plans for each identified need, for example, mobility and dexterity, dental needs, mental health and diet and weight, and also identified personal outcomes. People and relatives we spoke with confirmed an assessment had been carried out before the person was offered a place at the home. This process helped to ensure Manorhey was able to support the person according to their needs.

At our inspection in December 2016, we made a recommendation that the service consider options to improve the dining areas as this would improve the lives of people living at Manorhey. At this inspection we found a new dining area had been created which improved the dining experience in a positive way. At meal times, we found the atmosphere was calm and pleasant. Staff supported people who required assistance in an unrushed and empathetic manner and it was evident people enjoyed their food and the occasion.

People told us and we saw they were provided throughout the day with a choice of suitable and nutritious food and drink to help meet their health care needs. Comments included: "Aww the food's nice. I get a selection; main meal, sweet, soup and a cup of tea or coffee; have a menu and asked what you want", "Food's reasonable; can't please everyone all the time. There is a menu but I can choose something else if I don't like what's on and they (staff) ask you what you would like" and "The food's lovely; they cater for me

and my special needs; the chef works something out to keep me healthy; all different little things I appreciate." We saw that people could choose where they wanted to have their meals either in the dining area or in their rooms. One person told us, "I have my breakfast in bed which I really like, but I go to the dining room for lunch and tea." We saw the kitchen staff had up to date information on people who required special diets such as texture modified or halal meals.

Manor Hey is a purpose built care home. We found people's bedrooms were homely and comfortable having been personalised with their own memorabilia, photos of family, other personal effects and ornaments. Each bedroom had en-suite facilities and there were also communal bathrooms and toilets which people could access. The registered manager told us and we saw changes had been made to how people were accommodated within the home since our last inspection in December 2016. At this inspection, we found the ground floor accommodated people living with dementia, the first floor people who had general nursing needs and the second floor accommodated people with residential care needs. We found there was appropriate signage to help people living with dementia identify areas within the home and directions to these such as the lounge and dining areas. We saw that the registered provider had made improvements on the ground floor in particular to help people living with dementia identify their rooms. For example, personalised boards were installed outside people's room with either photos of themselves or a picture related to previous employment or favourite pet or animal. Also corridors had been repapered in a different colour to help people orient themselves around the environment.

Is the service caring?

Our findings

At our last inspection in December 2016 we found the service did not always demonstrate that it was of a caring nature. For example due care and attention were not paid to ensure people's laundry was returned to them and that private information about people's care were not on view for others to see. At this inspection we found the necessary improvements had been made in these areas. However we found the serious concerns reported within the Safe domain did not demonstrate the hallmarks of a caring organisation. For example, we found people's wellbeing was compromised when they did not get their medicines as prescribed because staff did not respond quickly enough to meet their needs.

People and relatives we spoke with told us the staff were kind and considerate. One person told us, "I like living here; all (staff) like to talk to you; staff are nice, very nice." Another person said, "Generally speaking everybody (staff) is very kind." We saw there was good interaction between the people who lived at Manorhey and the staff team. Comments included: "The staff are lovely, also the ladies and gentlemen (residents) are so nice here", "Staff are good, can have a laugh with them but can have quiet time if I want to" and "My [relative] is well looked after and (they) love [Named staff member]."

From our conversations with people, their relatives and the staff, we found staff knew the people they cared for and understood their personalities and their individual preferences such as particular activities they enjoyed or attended. Staff spoke about people with fondness and in a caring manner. One relative commented that staff were empathetic and said, "They have feelings for the residents."

People and relatives told us they felt listened to and that staff, including the registered manager, always informed them of what was taking place. They said the registered manager and staff were approachable if they needed further information or explanations about the care provided.

Manorhey is located within a diverse and multicultural community. We saw that the provider had appropriate policies and procedures to help ensure staff understood how to protect people's rights and to challenge discrimination. People's care plans recorded relevant information regarding people's ethnicity, religious and cultural beliefs and practices.

People told us they were treated with respect and their privacy respected. Relatives agreed with these statements. Their comments included: "I can always go to my room when I like", "(Staff) treat me with respect and listen to me. (Staff) always respect my dignity" and "(I've seen that staff) listen to [person]." Staff we spoke with described how they protected people's privacy and dignity and where appropriate, we observed that them carrying out their duties as described.

From our conversations with people and their relatives, it was clear that staff encouraged people to be as independent as possible. Their comments included: "(Staff) encourage me as far as possible; I can and do shower myself and so on", "(Staff) let [person] do what (they) can do" and "Yes, staff do (encourage independence) but [person] needs (some) help."

Is the service responsive?

Our findings

At the last inspection in December 2016 we found a breach of the Health and Social Care Act 2008 in relation to person centred care. We found examples where people were not provided with individualised support. At this inspection we found sufficient improvements had been made and the regulation was being met.

People and their relatives told us Manorhey provided support and care that was individual to each person's needs and that people were given choice in all aspects of their care. One person told us they had a choice of bed times and could have a 'lie down' in the afternoons. Other people told us staff respected their choices and they were not restricted in their everyday living routine such as when they got up and went to bed, for example.

The care records we examined were detailed and considered people's physical, emotional and social needs, for example, this included their personal history, hobbies and religious practices. People's communication needs, disabilities or impairments were identified and recorded. This helped the staff and the service to respond appropriately to their needs. For example, one of the administrative staff told us about a person's interest in knitting so they bought different types of wool for this person. This information was confirmed to us by a relative and we saw this was also recorded in their care records.

We saw there were a variety of activities on offer each week on each floor within the home. These ranged from group activities such as music, chair exercises and church services and one-to-one activities such as colouring and reading. Activities were facilitated by three activity coordinators with the support of care staff and considered people's preferences and abilities. During our inspection we observed two people playing dominoes and there was a music and relaxation session taking place. One person told us, "We get good entertainment here, Elvis impersonator was really good; (and) we had afternoon tea on Mothering Sunday." Another person said, "Not enough activities; some day's nothing happens at all, seems a long day" but told us they took part in most of the activities on offer. They added, "There is a 'happy hour' on the first floor when people can have a drink if they want to." One relative told us, "They (Manor Hey) provide entertainment, arrange bingo, quizzes, baking, also [person was] taken to a dance in Manchester, Harry Ramsdens chip shop and Chester zoo." One person told us the residents had been discussing with the staff regarding trips out and that staff were willing to get more information about places to go for when the weather improved. We concluded people living at Manor Hey had a range of activities and engagement which helped to promote good health and general wellbeing.

We looked at the complaints received since the last inspection in December 2016 of which there had been seven in total. We found there was a clear process for managing concerns and complaints. Complainants received a response in a timely manner; this included a written response and action taken where appropriate. For two examples, we found investigations carried out and outcomes had not been recorded. We brought this to the registered manager's attention and they updated these records accordingly. People we spoke with who had raised concerns or complaints told us the registered manager had dealt with their concerns to their satisfaction. People and their relatives also said they could tell their concerns to any staff member and feel confident their concerns would be addressed. For example one person told us they had

complained to staff about a particular staff member who had got them up earlier than they wanted. They said this matter was quickly resolved.

We spoke with several visiting relatives who were keen to tell us how impressed they were with the quality of care their relatives received and how approachable they felt the registered manager was. This provided us with assurances that people and their relatives felt confident to raise concerns when and if needed.

From care records, we saw a number of people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) forms. Not everyone had an end of life care plan, in the care records of two people we looked at we saw end of life care plans were present. We spoke with the registered manager about this; they said, "Some families do not want to talk about this area of care but others have a funeral plan in place." We noted from the Provider Information Return submission in relation to end of life (6 Steps to End of Life programme) accreditation, it stated: "The home is in the process of the accreditation for the 6 steps end of life training this will include staff members in their ability of syringe driver administration thus seeking to improve the quality of life through prevention and relief of suffering to the end of life." Following our site visit, we were provided with evidence that the home's 6 Steps to End of Life accreditation had been revalidated in February 2018. The registered manager also told us Manorhey worked closely with relevant professionals such as GPs, Macmillan nurses and Palliative Care Team to help ensure people would receive the right care and treatment when approaching the end of their lives.

Is the service well-led?

Our findings

Following our inspection in December 2016, we asked the provider and the registered manager to send us (CQC) an action plan outlining how they intended to address the concerns we found at this inspection. In April 2017, the registered manager submitted their action plan which stated they had taken immediate action and were now compliant with the regulations. At this inspection, we found the service continued to be in breach of regulations relating to equipment safety, need for consent and good governance. In addition our inspection highlighted other concerns as evidenced in previous sections of this report.

At the previous inspection in December 2016 we identified concerns in the way the quality of the service was monitored and failure to identify areas needing improvement. This was a breach of the Health and Social Care Act 2008 relating to good governance. At this inspection we found insufficient improvements had been made to ensure the regulation was being met.

We found there was a range of quality audits carried out by the registered manager; these included medication, health and safety, care plans and infection control. These were carried out regularly and in line with the registered provider's policy. Similar to our findings at the last inspection in December 2016, we found the service's audit processes had not identified the concerns we found during this inspection such as those identified in management of medicines, equipment servicing, consent to care and recordkeeping. For example we found medicines audits carried out between February and March 2018 had not identified the concerns we found during our inspection such as out of stock medicines and insufficient information to guide staff regarding the administration of pain medicines. At our inspection we identified equipment in use that required servicing. This meant people were at risk because quality monitoring processes did not effectively identify safety and quality concerns to help ensure they received services of a good standard. These findings evidenced a continuing breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection, there was a registered manager in post who was supported by a deputy manager and senior administrators in the day to day running of the service.

During our inspection, we observed an open and transparent culture within the home. People and their relatives were complimentary about the service and told us they felt the service was "well managed" and "ran smoothly." One person said, "I can recommend this home; I'm so happy here, all the staff are all so kind." People and relatives also told us the registered manager was always visible, approachable and helpful. Comments included: "The manager comes round quite a lot and stops and has a chat" and "The manager is fantastic."

We asked people and relatives how they provided feedback about the service they received. Most people and relatives we spoke with did not remember completing a feedback survey, but said they would speak with staff or the registered manager if they wanted to comment about the service and any improvements or ideas they may have. Regarding improvements one person told us, "(Staff) could spend more time with us; talking to us (residents)." The registered manager showed us the results of the annual customer satisfaction

survey which had been distributed to residents and relatives in October and November 2017 by an independent marketing company. We saw that responses were received from 32 residents and 21 family and friends. The survey covered feedback on staff and care, home comforts choice and having a say and overall quality of life. We saw that responses were positive and complimentary of the service provided.

We checked our records and found the registered manager had submitted appropriate notifications of incidents and accidents that occurred at the service to both the Care Quality Commission (CQC) as required by law.

Staff told us and minutes of meetings evidenced regular staff meetings were held, giving staff the chance to discuss work issues and share experiences with their line manager and peers. The registered provider ensured there were up to date policies and procedures as well. These processes helped to ensure staff were supported in their roles.

We saw there was a monthly newsletter which kept people and relatives were kept up to date with events and activities taking place within the home.

The registered manager told us they felt supported by the registered provider. This was evidenced by the presence of the registered provider's regional compliance inspector who had been newly appointed.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The registered provider failed to demonstrate that it worked consistently within the principles of Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Lifting equipment was still in use and had not had its required servicing in line with safety regulations.