

Bupa Care Homes (ANS) Limited

# Manley Court 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Manley Court Care Home is a residential care home. At the time of the inspection the service was providing personal and nursing to 75 people, some living with dementia or physical disabilities. The service can support up to 85 people. The accommodation was spread over four separate units.

### People's experience of using this service

People said they were happy living at the service. Relatives gave positive comments about the experience of care and the management of the service. A relative said, "Nothing is too much trouble for the staff, I have no worries about my [family member]."

The numbers of staff available were not always at the provider's recommended levels to meet people's needs safely. We observed delays in people receiving their meals in a timely way. Staff told us they often had to provide care alone when two staff members were required. This increased the risks to people receiving care and to staff.

Staff implemented the provider's safeguarding processes and their training to identify and protect people from harm and abuse. The registered manager ensured allegations of abuse were reported to the local authority for investigation. However, we found the Care Quality Commission were not always sent safeguarding notifications as required by law.

There were systems in place to record assessments, plans of care, medicine administration and daily progress. These records helped staff to monitor people's progress effectively. Staff assessed risks to people's health and wellbeing and developed plans to mitigate these. However, we found that care and management records were not always organised in a logical way which made it a challenge to review them.

There were suitable measures to protect people from COVID-19, including the use of protective personal equipment (PPE), testing and vaccination. The service was clean and hygienic throughout, with enhanced cleaning of frequently touched surfaces to protect people from cross infection. The service had a designated infection prevention and control (IPC) lead who had been trained and was knowledgeable about the current guidance. The service's IPC and COVID-19 policies were up to date. Managers contacted their local health protection team in a timely way when they suspected a COVID-19 outbreak.

People and their relatives were kept informed of changes and developments in the service. They were able to provide feedback about the quality of care and the service.

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.

## Rating at last inspection

The last rating for this service was good (published 23 June 2020).

## Why we inspected

We received concerns in relation to staffing levels and the management of the service. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only.

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 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.

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. We have made two recommendations about recruitment and engaging with staff. We found breaches of regulation related to good governance and staffing.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manley Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 monitor the service. We have identified breaches in relation to Staffing and Good governance.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan and 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.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Manley Court 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

This inspection was carried out by three inspectors and a specialist professional advisor, who was a registered nurse.

#### Service and service type

Manley Court 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 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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. We had limited opportunities to receive feedback from people as they were in their rooms due to COVID-19 social distancing rules or because they chose to remain in their bedrooms. We spoke with 18 members of staff including the registered manager, deputy manager, six nurses, five care workers, two activity coordinators, two domestic staff and the chef. We reviewed a range of records. This included 10 people's care records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We received feedback from five relatives, and we continued to seek clarification from the provider to validate evidence found. We looked at multiple medication records and quality assurance records. We spoke with one professional who regularly visits the service.



# 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 remained the same. 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.

### Assessing risk, safety monitoring and management

At the last comprehensive inspection in July 2019 we found systems were not in place to ensure the safe management of medicines and risks to people were not always assessed. This placed people at risk of harm and was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made and the provider was no longer in breach of this part of regulation 12.

- Risks to people were assessed, reviewed and monitored effectively. Management plans were in place to reduce those risks and to keep people safe.
- People had risk assessments in place which were specific to their individual needs. For example, a person had a moving and handling plan which detailed the numbers of staff and equipment needed for safe movement. Skin integrity guidance to reduce the risk of pressure ulcer development was in place. We saw another example where a person with impaired swallowing was at risk of choking. They had an eating and drinking plan, choking risk assessment and guidance for staff on how the person ate, including their seating position. Risks identified had a detailed management plan to mitigate those risks found.
- The provider had systems in place to assess risks to people in the event of an emergency. The provider had fire safety equipment and the London Fire Brigade had carried out an assessment of the service and the registered manager followed the advice provided. We saw records that confirmed planned maintenance of fire safety equipment. Each person had a personal plan for evacuating in the event of a fire or emergency.

### Staffing and recruitment

- We received mixed views about the level of staff available to support people. People said, 'Staff are busy' and, 'Staff are always rushing around'. Relatives commented, "Staff do their best" and "The staff are really helpful, keep me informed and are available to help [my family member] when the need it."
- The provider assessed staffing levels to ensure people's needs were met. The provider's dependency tool identified people with nursing needs. The Jasmine unit banding assessment (a staffing level tool) identified one nurse was required full time for each day shift and for some hours at night to support people with assessed nursing needs. At the time of the inspection the nursing levels fell below this requirement because there was no nurse on duty on Jasmine unit. The provider made some other arrangements to cover the unit with a nurse on the neighbouring unit providing assistance with nursing care and the deputy manager also supporting the unit. As neither of them or together were based full time on the unit this fell short of the

provider's own findings on what the nursing staffing level should be.

This increased the risk of poor and delayed care which did not meet people's individual needs.

- Staff said there were not always enough staff to provide safe care and support to people. Staff told us, "Sometimes it is just so difficult, there is not enough staff I don't even get a time for a break", "Staffing is a big issue. I am always being called away from my medicines round to help the staff as they need support with personal care, re-positioning" and "This does not go down well with staff when we are told there is enough staff." Staff described how they supported people on their own when it was assessed they needed two members of staff to provide safe care.
- During our observations we found there were not always enough staff available to support people. We observed two people were walking with purpose and moving furniture, tables and had complex behavioural needs that challenged the service and others. Staff supported these two people by implementing their behaviour plans, however these interventions further challenged the availability of staff for other people.
- People did not always receive the care and support they needed to meet their needs. We observed that during meals times there were delays in people eating their meal. People who needed assistance to eat had to wait for staff to support them. We noted a meal was served to a person who waited 15 minutes to be assisted. This meant that hot meals were often eaten cold.
- On another occasion we observed one staff member trying to support four people with their meals in the lounge. This was challenging for the member of staff because one person in the lounge was quite distressed, and three people needed full support and the staff's attention. We discussed these incidents with the management team. They told us the activities coordinator would help people eat during mealtimes. However, this support was not observed during our lunchtime observations.
- We found there was a risk that people did not receive their assessed care, meals, personal choices and preference and social activities due to staff availability.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staffing levels were safely managed. This placed people at risk of harm. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection we were told that there was a dedicated allocated nurse for the Jasmine unit, the registered manager had increased the numbers of staff, managers would complete a 'walk around' of the service and all staff would support with serving meals.
- Staff provided support to people that demonstrated they were kind and compassionate, despite not always having the recommended levels of staff on each shift. When staff supported people to eat, they did not rush, staff helped people in a dignified way enhancing the person's meal experience.
- We found inconsistencies in the recruitment records. Some records showed not all nurses had a valid record of their PIN (a unique nurse registration code), although the provider held this centrally. We checked with the Nursing and Midwifery Council (NMC) we found all nurses held a valid registration with them.
- Recruitment records were not always stored correctly. We were presented with two overfilled plastic pockets which were disorganised and therefore a challenge to review. There was a risk that staff's private personal information could be misplaced.

We recommend action is taken to ensure each recruitment record was better organised and contained updated employment information.

- People were supported by staff that were suitably skilled and experienced.
- The provider had a system in place that managed all employment and arranged pre-employment checks. Checks included references, proof of the right to work in the UK and a criminal record check with the



Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

#### Preventing and controlling infection

- 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 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.

#### Using medicines safely

- People had their medicines administered to help them maintain their health care needs. Staff understood and were trained to support people with specialised medicines administration needs, for example through a PEG (percutaneous endoscopic gastrostomy) administration. A PEG is flexible feeding tube inserted into the stomach and allows fluids and medications to be put directly into the stomach.
- Medicines were being administered and managed safely by staff. Staff had medicines training to ensure they were safe and competent to support people.
- Staff understood their responsibilities in relation to the recording of the administration of medicines. For example, the medicines policy stated when a medicine is transcribed from an original document this record must be signed and dated by two members of staff. We found all medicine administration records that were transcribed were correctly completed.
- Medicines were being stored, checked and disposed of in line with current guidance. Weekly and monthly medicines audits were completed to ensure people had their medicines as prescribed and any errors were detected and managed promptly.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives commented that they felt safe receiving care and support from staff. One person said, "Staff talk to me when they are providing care, and this makes me feel safe." A relative added, "I know my relative is in the best place and they are safe."
- People were protected from the risk of abuse. The provider had robust systems in place and followed local guidance to safeguard people from abuse. Staff followed the provider's safeguarding processes and completed safeguarding training which helped them to identify potential abuse, take prompt action to report this and keep people safe from harm. Staff knew how to escalate and report any concerns both inside

and outside the organisation.

- Staff used monitoring systems to record all incidents of abuse. These were discussed with the registered manager and any outcomes from a safeguarding case conference were updated in those records. The system allowed for patterns and trends to be identified, shared with staff and actions implemented to reduce the risk of abuse.

Learning lessons when things go wrong.

- The provider had systems in place to identify, monitor and manage incidents and accidents that occurred at the service. This enabled the registered manager to share any concerns and take action to mitigate them.
- The registered manager identified additional specialised training for staff. They supported a person with a history of liver disease and alcoholism. The training in liver disease supported staff to care for the person in an appropriate way by implementing their knowledge learned to help the person enhance their well-being.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to services to help them maintain their health needs. We found a person experiencing confusion and cognitive deficits, and complex behaviours that were challenging to the service and others. Staff referred the person for an assessment to a local health care team. The healthcare professional provided staff with guidance to help them support the person safely, following their assessment.
- There were examples where the provider had positively worked with other health specialists. Staff had contacted the local psychiatric services for clinical psychological behavioural support for a person who could become physically aggressive towards staff and other people and leave the home unwitnessed. Their recommendations were incorporated into the person's care plan. This person also had a history of diabetes and they had a care plan which outlined potential risks. Staff took appropriate actions to support this person to receive care and support for their needs. Their care records showed liaison with services to help manage monitor and manage this health condition.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and well-being. Staff arranged appointments with health care professionals. People maintained their health care needs with support from mental health teams, nurse specialists and hospital teams.
- People who required support from their GP were offered an appointment. Due to the COVID 19 pandemic, health consultations often happened over video call. The GP completed assessments with people and prescribed medicines or treatment.
- Care records documented visits with health professionals. Any recommendations made were included people's care plans and shared with staff, so they provided appropriate care.

Staff support: induction, training, skills and experience

- The provider's induction prepared staff and enabled them to become familiar with the needs of people and understand the organisation. Newly employed care workers and nurses were supported with peer shadowing.
- People were supported by staff who had received training for their roles. Staff told us they completed training in areas such as moving and handling, infection control and fire safety. Staff training needs were assessed through the provider's training programme and staff's individual needs.
- The registered manager arranged supervision and appraisals for all staff. Supervision and appraisal meetings allowed staff to reflect on their employment, personal development needs and training requirements. Staff confirmed they had regular one to one supervision and appraisal and they had opportunities to discuss performance and identify learning opportunities.

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

- Staff completed assessments with people before they began living in the home.
- People's views and opinions were sought and their individual support needs were assessed and recorded.
- A plan of care was developed which provided staff with guidance about how to care for people to meet their needs. Staff used best practice guidance to develop areas of expertise. For example, there were champions in the service. The dementia champion had additional responsibility to promote the wellbeing of people living with dementia. They shared current, evidence-based advice with staff to improve the care experience for people living with dementia. Records showed staff had introduced dementia friendly activities for people.

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

- People were able to choose meals which met their preferences and nutritional and hydration needs. Menus were displayed on the walls of each unit, these showed choices for breakfast, lunch and dinner. Staff told us people could choose an alternative meal that was not offered on the menu.
- Kitchen staff demonstrated an awareness of people's nutritional needs. For example, if people required a diabetic, soft or pureed diet these were available.
- Care plans documented people's dietary needs and support they needed to eat. For example, one person was living with dementia and needed food cut into pieces they could easily pick up and eat, because they found these tasks difficult. This was in their care plan and staff documented what the person had eaten each day.
- Staff monitored and identified people who had unplanned weight loss. People were weighed on a regular basis and these were recorded. Any concerns were raised with the GP for additional support.

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

- The design of the home was appropriate for people living there. The environment was clean and well maintained. People could access all areas of the home and it was wheelchair accessible.
- People had access to communal areas within the home. People spent most of their time in their bedrooms because they were isolating due to the effects of COVID 19 or this was their personal choice. People were supported to walk with purpose safely.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was working within the principles of the Mental Capacity Act 2005 (MCA). Staff assessed people's capacity to make specific decisions and where people lacked the ability to make

decisions a best interest meeting was held.

- People's consent was sought prior to receiving care, support and treatment. People and relatives we spoke with said they were consulted by staff about being vaccinated for COVID-19.
- People received their care and support in line with their DoLS authorisations in a timely way. The guidance was incorporated into people's care plans so people received appropriate care and support.

# 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

- Whilst checks on medicine management, training, ordering of personal protective equipment (PPE) and care records took place audit monitoring systems were not always effective.
- The monitoring systems did not find the concerns we found regarding the quality of care records. People's care records were not always presented in an organised way which led to challenges in reviewing them. We found staff files were also not always organised or in order and stored appropriately.
- The registered manager completed a dependency tool to assess the levels of staff to ensure staff were deployed safely. The registered manager failed to follow the provider's dependency tool outcome so the numbers of staff available did not meet people's assessed needs.
- Staff continued to be evaluated through onsite direct observations to ensure they were providing people with safe and compassionate care.

We found the lack of effective monitoring of the service and poor quality care and management records meant people did not always receive a good standard of care. This was a breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service did not do all that they could to meet people's equality characteristics. We found when people's cultural and religious needs were recorded, there were no plans to meet these individual needs. On one occasion a person's main language was recorded incorrectly on their assessment forms. This person needed an interpreter for communication however there was no evidence this service was used. Care plans did not always address people's sexuality needs. People's relationship status was often not completed by staff and records did not show how the service would meet the needs of LGBT people who used the service. We found there was no consistency of how people's equality needs were identified and met by the service.
- The service sought feedback from people and their relatives by asking them for their views of the service. People and relatives commented on the service, staff and the management of the service. Comments included, "Staff were very polite, respectful, kind, never in a hurry and appeared to love their job" and "The manager and staff are very professional."
- Staff gave mixed views of the management support they received to support them to provide effective care. Some staff told us they were extremely unhappy with their current working situation. This was mainly

related to staffing levels and the additional work this caused them in a stressful environment. Comments included, "They don't listen to us" and "We are tired of complaining, we might as well give up." Some staff said the management had put people and staff at risk due to low staffing levels.

- The registered manager told us that staff did not tell them that there were not enough staff. From our observations on all the units the concerns staff raised about staffing were accurate and staff had raised concerns with the management about these issues but they had not been acted on.
- The provider had a system for staff to raise concerns about their employment. The employee line 'Speak up' was confidential and used by staff to raise concerns. Each member of staff was given an appropriate response if this was requested. The managers told us they had 'an open door policy'. The registered manager also stated they had a good rapport with staff, they were accessible and has a visible presence. The management team confirmed they had completed regular walkarounds to remind staff to report any concerns. We found what the managers told us contradicted with what the staff told us.

We recommend the provider consider current guidance about effective communication and interaction with staff.

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 did not always ensure appropriate notifications were sent to CQC after significant incidents occurred. We found five incidents of abuse that were reported to the local authority but were not reported to the Care Quality Commission in line with the requirements of the registered manager's registration.
- Whilst the registered manager had failed to notify CQC of incidents, they had been open, honest and transparent and shared information when concerns were raised or when things went wrong with relevant health and social care authorities.

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

- People gave feedback about the care and support received. People and relatives praised the 'dedication' of 'hard working staff' and the support of the registered manager.
- All relatives we spoke with said they felt comfortable to contact the registered manager to raise concerns and they were confident they would be managed.
- The registered manager ensured staff continued to meet as a team to share information. Whole team meetings including the care, nursing, domestic and maintenance staff were held.
- Staff attended a 'Take Ten' meeting each day. These meetings were chaired by the deputy manager, with the nurse in charge of each unit, activity coordinator, maintenance lead and the chef. This meeting provided an update on the home and reminders to be shared with the staff teams back in their units, including any clinical/non-clinical concerns to be raised. The meeting discussed record completion, cleaning schedules, discussion about best practice use of PPE, COVID-19 testing, reminders about social distancing, discussed recent staff positive case and visiting policy.

Continuous learning and improving care

- The provider had a commitment to continuous learning and development at the service. The registered manager had identified areas for improvement in the management of the service and in the delivery of care. This included providing support for staff, providing additional daily staffing hours and streamlining care records. We will look at these at the next inspection.

Working in partnership with others

- There were a range of professionals and services involved with people's care. Staff had opportunities to seek advice from health and social care services.
- Records showed that staff frequently contacted health and social care services when required during the COVID-19 pandemic for support.



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 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure records were kept and stored appropriately.  The provider failed to assess and monitor the quality of care service users received.  17 (1)(2)(b)(c)(d)(i)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure appropriate levels of staff were available to meet service users assessed care and treatment needs.  18 (1)