

Glenholme Healthcare (NGC) Limited New Generation Care Limited - 13 Manor Crescent

Inspection report

13 Manor Crescent
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

13 Manor Crescent provides accommodation for up to four people with learning disabilities who may also have a physical disability. The accommodation is on one level and consists of four bedrooms with ensuite bathrooms. There were three people living in the home at the time of our inspection.

There is a care home for people with learning disabilities next door which is owned by the same provider. The manager of 13 Manor Crescent was responsible for both locations and all members of staff work between both houses.

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

It is a condition of registration that the registered provider must ensure that the regulated activity is managed by an individual who is registered as a manager in respect of that activity. The manager in post at the time of this inspection was not registered with CQC, which has an effect on the rating of the service.

The provider had made improvements since our last inspection. There was increased recording and reporting of accidents and incidents. Staff levels were increased which meant people received care that was tailored to their needs. The general environment was well maintained and nicely decorated. Staff felt supported and valued by the provider.

People were protected from the risks of abuse. Safeguarding incidents were identified and notified to the local authority and CQC. Accidents and incidents were fully investigated, and an action plan developed to minimise further risk. Family members told us staff provided safe care and were kind and supportive to their relatives. They also said communication from staff with them increased during this COVID-19 period.

Quality assurance processes identified and actioned required improvements to the service to ensure people received consistent and safe care in line with their needs. The leadership team listened to staff, made them feel valued and supported them to deliver the most appropriate care.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- 13 Manor Crescent is a small care home which can accommodate four people. The building is a house in a residential community, with no external identifying features. There were three people living there at the time of inspection. Staff were observed to enable people to make day to day choices, including around food and activities. The care home is located within walking distance of local shops and amenities. Whilst people are not able to travel independently, staff supported them to access the community. The provider engaged with local commissioning partnerships in order to strive for continuous improvement.

Right care:

- Care records were person centred and staff could tell us about an individual's specific care needs and preferences. There were personalised positive behaviour support plans in place. We saw that people's dignity was respected and any personal care required was done so discretely and the person's dignity was not compromised. Staff enabled people to make choices about how they wished to be supported in any given activity. People had been supported to personalise their own rooms and communal areas.

Right culture:

- Leadership and staff showed commitment to those whom they supported. They spoke with passion about their role, central to which was to empower those whom they supported to live their best life possible. Staff told us they viewed themselves as visitors and as such, the needs and views of those whom they supported were paramount and must be respected at all times. We observed that people moved around their home with confidence and placed trust in the staff team to support them safely and in the least restrictive way.

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 Inadequate (published 25 March 2020) and there were multiple breaches of regulation. We served warning notices for breaches of regulations 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also served requirement notices for regulations 9, 10, 11, 13, 15 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 of the (Registration) Regulations 2009. 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 enough improvement had been made in the key questions we inspected, and the provider was no longer in breach of regulations 12, 13, 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, as well as regulation 18 of the (Registration) Regulations 2009.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 February 2020. 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 safe care and treatment and good governance.

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 those requirements in the Key Questions Safe and Well-led.

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

The 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 Inadequate to Requires Improvement. 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 New Generation Care Limited - 13 Manor Crescent on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Details are in our safe 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 ●

New Generation Care Limited - 13 Manor Crescent

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 team consisted of two inspectors.

Service and service type

13 Manor Crescent 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 provider and registered manager are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection, the manager in post had not submitted an application to become registered with the Care Quality Commission. This meant that until such time as the manager is registered, the provider has sole legal responsibility for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was because we

needed to ensure that arrangements were in place to maintain infection control procedures associated with Covid-19 during the inspection.

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 quality assurance lead. We used all of this information to plan our inspection.

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.

During the inspection

People were unable to tell us about their experience of using the service. We observed the support they received and their interactions with staff. We spoke with six members of staff including the manager, deputy manager, area manager and care workers.

We reviewed a range of records. This included two people's care records and two medication records. We looked at four 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 spoke with two relatives about their experience of the care provided to their family member and four staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff and service user surveys as well as quality assurance records.

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 inadequate. 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 the provider failed to ensure that people's care was managed in a safe way. Safeguarding incidents were not always being recognised as such, reported or investigated appropriately. This was a breach of regulation 13 (Safeguarding service users 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.

- The provider reported safeguarding incidents to the local authority and CQC. Information contained in notifications was detailed and included actions taken to reduce or prevent further risk.
- Family members told us their relative was safe, "Because of lockdown, you worry more as a parent, but I truly believe the staff are doing a good job of keeping [relative] safe."
- The service had safeguarding systems in place and staff understood their responsibilities in keeping people safe. Those spoken with knew how to respond appropriately if abuse occurred. One member of staff told us, "Everything is much clearer, and I know what I need to do and how to report it [abuse]." Another said, "We record incidences between service users all the time. It is so important because it helps us to manage their behaviours better on shift."
- Staff completed safeguarding training and had access to information and guidance about safeguarding to help them identify abuse.
- We observed how staff intervened when potential incidents between people were apparent throughout the day. They skilfully employed distraction and diversion techniques with people and managed to minimise risk to others.
- One member of staff told us how the 'Safe Hold and Breakaway' training provided, "Makes me feel so much safer, and it's kinder and more respectful to the service user too." This is training which covers a positive behaviour approach and is an integral part of the staff training and induction. Staff are inducted in positive behaviour support planning strategies to eliminate triggers and avoid escalation of behaviours. They engage 'Safe breakaway' rather than 'Safe hold' techniques, which the provider does not permit in the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, we recommended the provider ensured they protected people against the risks associated with their care and that accidents and incidents were properly recorded. The provider had made

improvements.

- Since our last inspection, the provider made improvements to the cleanliness and maintenance of the home. Communal areas were visibly clean and nicely decorated. The kitchen was refurbished, carpets cleaned, new hardwearing washable flooring fitted and repairs made to service user bathrooms. Staff ensured the gate between the provider's two properties was locked at all times and access was via the front door. All actions had been completed in response to the last fire risk safety assessment.
- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report such events. Action was taken to reduce the risk of similar incidents happening again.
- Staff told us how significant incidents are reflected on at the end of each shift. One staff member told us how particular incidents prompted changes in practice. For example, protective arm coverings could be worn by staff to minimise being scratched and hats to reduce risk of hair being pulled. They told us, "This reflective practice has reduced incidents of harm and is a more collaborative way of working."
- Risk assessments were in place to support people to be as independent as possible. The plans balanced protecting people whilst supporting them as far as possible to make choices about how they lived their life. They contained clear information for support staff to enable people to live with as few restrictions as possible whilst remaining safe.
- Staff demonstrated a good understanding of risks associated with people's care, and the actions they needed to take to keep people safe. They could tell us how people's complex healthcare needs influenced the way in which they were supported. One care worker told us, "I am so aware of [service user's] healthcare needs and make sure the activities we do together are not too strenuous."
- The provider introduced new incident report guidance which enabled staff to identify patterns of behaviour and actions needed to de-escalate situations. People had positive behaviour support plans in place where needed. These helped staff identify the support needed to manage behaviours that challenged.

Staffing and recruitment

At our last inspection, we recommended the provider deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff. The provider had made improvements.

- Since our last inspection, the provider reviewed staffing levels and introduced an additional daytime shift dedicated to cleaning, laundry and meal preparation. This meant that one to one support workers were not taken away from their primary responsibility to those whom they supported to attend to chores.
- There was also an additional member of staff recruited to the night duty rota. This person worked across the provider's two co-located houses to support the waking night staff in each.
- The provider recognised the need for some people to have the support of two members of staff when out in the community to ensure their safety. This was facilitated by the member of staff on the middle shift. In addition, the manager and deputy manager were supernumerary and available to cover the home for any arising impromptu external activity.
- We observed staff responding promptly when people needed assistance. Staffing levels were sufficient to support people to take part in activities they enjoyed.
- Family members told us, "I think there are enough staff. I'm getting weekly updates from the staff and they don't seem rushed when I phone or when we used to be able to visit in the garden [before COVID-19 restrictions]." Another said, "When it was possible for me to visit in the house, it was obvious that the staff seemed happier, were less rushed and had more time to spend with [relative]."
- Staff members told us, "There are a lot more staff on now; the new middle shift is brilliant and makes everything run much smoother." Another told us, "The extra staff mean we now have time to give better care

to people."

- The provider had systems in place to ensure safe recruitment of staff. The area manager told us that whilst there was an on-going rolling recruitment programme, attracting permanent staff remained a challenge. The same agency staff were used to supplement the rota.

Preventing and controlling infection

At our last inspection, we recommended the provider ensured the premises and equipment were clean and properly maintained to reduce the risk of spreading infections. The provider had made improvements.

- All areas of the home were clean and there were clear cleaning schedules in place. The provider had introduced additional cleaning measures as a result of the COVID-19 pandemic. Staff understood how to use and store cleaning materials in order to minimise the risk of cross contamination.
- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for 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.

Using medicines safely

- People were supported to take the medicines they had been prescribed in a safe way. Medicine administration records had been fully completed, which gave details of the medicines people had been supported to take. Medicines were securely stored in a locked cabinet.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine.
- Staff had received training in safe administration of medicines and their practice had been assessed, to ensure they were following the correct procedures.

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 inadequate. At this inspection this key question has now improved to requires improvement.

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

At our last inspection, the provider failed to ensure leadership and quality checks were robust. 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. We also recommended the provider ensured they notify CQC of incidents in accordance with the regulations. The provider had made improvements.

- It is a condition of registration that the registered provider must ensure that the regulated activity is managed by an individual who is registered as a manager in respect of that activity. Whilst a manager was appointed at the serviced in August 2020, at the time of the inspection we had not received an application for this person to register, which limits the rating for this key question.
- The provider had effective quality assurance systems in place. These included reviews of care records, medicine records, support plans, staff records and quality satisfaction surveys. The results of the various quality assurance checks were used to plan improvements to the service, especially with regards to safe care, staffing and the environment.
- Incidents were reviewed by senior managers and discussed as part of staff meetings. This helped to ensure lessons were learnt and practice changed where necessary. A family member told us, "They are very good at following things up quickly and keeping me informed of any incidents between [relative] and [other service user]."
- Staff we spoke with were clear about the lines of day to day managerial responsibility. The deputy manager and manager were supernumerary (not rostered to work on the floor). One member of staff said, "[Managers] had time to listen and offer guidance when asked," and another said, "There is no confusion about who I should discuss things with."
- The manager understood their responsibilities under the duty of candour and was aware of the need to notify CQC of certain important events. Records demonstrated these notifications had been submitted when necessary and in a timely manner.

Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Following our last inspection, the provider and the manager developed and promoted a person-centred approach in the service. This was evidenced through the feedback from relatives of those who use the service, the training staff received, and the way records were completed.
- One relative told us, "Things are so different now; I seem to be invited to everything, although it cannot be in person anymore [COVID-19]." Another said, "The care and caring nature has improved so much. Even though [relative] has lived there for quite some time, there is a different and deeper level of understanding their needs, which definitely has helped to improve their general health."
- Staff told us the deputy manager and the manager continued to work to ensure people received individual support which met their needs. One told us, "The new management did incredible work at bringing a team together which is now very very strong and something I never imagined could be possible." Another said, "The heads of this company are more visible now; they listen to us and take our concerns seriously," and "I definitely feel valued, which is a really positive change from how I felt when we were last inspected."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider carried out stakeholder, relatives and staff quality assurance surveys. Identified actions from relative's survey had been completed, for example, telephone and email contact during the COVID-19 pandemic was increased.
- Relatives told us they felt involved in the running of the service. A family member told us, "They managed to keep contact going, despite lockdown. There is a new [telephone group] chat for parents where lots of pictures of activities are posted. It looks like [relative] is doing even more things than before lockdown."
- Staff meetings were held each month and had a set agenda which staff could add to. One member of staff said, "Staff meetings are well structured, and minutes are taken. They are a good space in which we can be honest," and "We use the meetings to discuss how we can continue to improve our care, the environment; as well as raise any concerns."
- Care records evidenced regular contact with external agencies, including allied healthcare professionals; GP and dentist. The local authority quality assurance lead told us there was regular engagement and the provider demonstrated a commitment to improve.