

Hyde Lea Nursing Homes Limited

The Manor House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Manor House Nursing Home is a residential care home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The Manor House Nursing Home can support up to 125 people in three adapted buildings. One building accommodates people with general nursing needs. The second building accommodates people living with dementia and mental health needs across three separate floors, each of which has adapted facilities. The third building accommodates people who have recently been discharged from hospital and require assessment of their longer-term needs over two separate floors.

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

People were not always safe as some staff members working practices increased the potential for harm.

The provider had improved their quality monitoring systems however, they could not evidence consistent good practice over time. We will check this during our next planned comprehensive inspection.

People were protected from the risks of ill-treatment and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do if they suspected wrongdoing.

The provider had assessed the risks to people with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People received safe support with their medicines by staff members who had been trained and assessed as competent. The provider had systems in place to complete an investigation, should a medicine error occur, to ensure the person was safe and lessons were learnt to minimise the risk of reoccurrence.

Staff members followed effective infection prevention and control procedures when supporting people.

People, relatives and staff found the management team to be approachable, supportive and their opinions valued.

The provider had kept the CQC informed about significant events at The Manor House Nursing Home.

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 29 April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 29 April 2021. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Manor House Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Manor House Nursing 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 completed by one inspector.

Service and service type

The Manor House Nursing 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

Day one of this inspection was unannounced. However, we gave the service notice of the inspection on our arrival in the carpark. This was because we had to gather information on the home's current COVID 19 status and the providers procedures for visiting professionals. Day two of the inspection was announced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative. We spoke with 16 staff members including three health care assistants, four senior carers, one nurse, the deputy manager, finance manager, human resources assistant, two activities coordinators, registered manager, nominated individual and the quality manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spent time in the communal areas with people to help us better understand their experience of care.

We looked at the care and support plans for five people and looked at several documents relating to the monitoring of the location including training, medicines, health and safety checks. We confirmed the safe recruitment of two staff members.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included a review of the continuous service improvement plan developed after our last inspection site visit.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we found the provider had failed to ensure people were protected and were at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found people were at risk of harm as systems and processes had not been operated effectively to investigate any allegation or evidence of abuse. 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.

- People told us they felt safe living at The Manor House Nursing Home. One person said, "I have never had any concerns. I am treated with respect by everyone here. If I had a worry, I could go to anyone and I know they would help me."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and visitors on how to report any concerns.
- The provider had made appropriate referrals to the local authority in order to keep people safe.

Assessing risk, safety monitoring and management

- Improvements were required to ensure staff members working practices did not place people at the risk of harm. For example, we saw a fire extinguisher had been moved from its designated place by a staff member and was being used as a door stop. In other areas of the location we saw substances hazardous to health were left in communal areas and combustible material was stored in a stairwell. After we raised these issues the provider acted immediately to remove any potential for harm.
- All other areas of the location were well maintained and safe. All equipment used by people was regularly serviced to ensure they were safe and regular checks were completed on the fire safety systems. We saw the provider was in the process of installing a fire sprinkler system as an added precaution to keep people safe.

- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- Assessments of risks associated with people's care had been completed. These included, but were not limited to, risks related to mobility, skin integrity and weight loss.
- Staff members knew the risks associated with people's care and knew how to keep people safe whilst providing assistance. Staff members acted when changes in people's risks were identified. For example, when a deterioration in skin integrity was noticed they sought specialist advice and guidance from other health care professionals.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured 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.
- The provider completed regular checks to ensure staff followed the latest infection prevention and control practices. Staff members told us they had received the latest training on the use of personal protection equipment and took part in a testing regime which was overseen by the management team.
- Family members told us they were kept informed about changes to the infection prevention and control practices and were supported to ensure any visits were safe for them and those they were visiting.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw staff were available to support people promptly when needed but also had time to interact with them in an unhurried and valuing way.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

Using medicines safely

- People's medicines were managed safely. People received their medicines when they needed them. The provider had systems in place to effectively and safely respond should an error occur.
- Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.
- Medicines, such as topical creams, were safely administered and recorded. We saw the provider had introduced an electronic recording system which alerted the nurse in charge and the management team if any medicines had been missed. This was so corrective action could be taken within a safe timeframe.

Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, any falls or trips were reviewed to see if anything could be done differently or if a referral to additional services, like physiotherapists, was needed.

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. 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

At our last inspection we found systems and processes had not been established and operated effectively to keep people safe. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and provider had introduced quality monitoring systems designed to drive good care. They had previously employed the services of an external consultant organisation to support the development of these systems. However, at this inspection, this external support had very recently stopped, and the provider had devised their own systems which they had yet to embed. This means they were not able to demonstrate their systems effectiveness over time.
- The management team was visible throughout the building and people and staff told us they saw them on a very regular basis. However, this increased managerial presence hadn't identified or corrected the staff behaviour regarding using a piece of firefighting equipment as a door stop or incorrect storage of substances hazardous to health.
- However, following our last inspection they had made significant improvements on staff training, risk assessments, care planning and medicine management. Every staff member we spoke with told us about the improvements since the last inspection. One staff member said, "I wouldn't recognise this place. The improvements have been immense. Before we were at the point of why bother saying anything, nothing was ever done. Now it's completely different. They [management] act immediately. If there is a change with anyone a referral is done immediately. Everything is so much better, and I really enjoy being here."
- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Continuous learning and improving care

- The management team kept themselves up to date with changes in adult social care. This included regular updates from the CQC and leading organisations in health and social care.

- The management team also kept themselves up to date with changes in guidance from the NHS and Public Health England in terms of how to manage during the pandemic.

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

- People, relatives and staff members said the management team was approachable and they felt supported by them. One relative said, "I have had regular contact from the management team. We are kept up to date and we recently completed a life history for [relative's name]. They are never afraid to ask us questions as well if it helps with the care of [relative's name]."
- One person told us about their involvement in a recent residents meeting. They said, "I thought I had got to the point in my life where I couldn't really give much or be of any value. Now I feel I do have something to say and this can improve things for people. They [management] do genuinely listen to us and encourage us to have a voice. I like that."
- Staff felt their opinions were valued and they were able to contribute to improvements at The Manor House Nursing Home. One staff member said, "They [management] are not just concerned about doing the job, they care for everyone here including us staff. I know I am supported in every aspect of my work and to a certain extent my home life as well. Before training never used to be compulsory. Now we must do it and we have the time and support to achieve this."
- The provider supported staff with their continuous learning and, when appropriate, nominated staff members for awards in learning and development. One staff member said, "I know I would never have achieved my latest certificate if it wasn't for here [The Manor House Nursing Home]."

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 provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- People were involved in decisions about where they lived including what to do and what to eat.
- Staff members found the management team approachable and supportive.

Working in partnership with others

- The management team had established and maintained good links with other health care professionals. For example, GP, dieticians, social work teams and physiotherapists.