Maria Mallaband 16 Limited

Manorhey Care Centre

Inspection report

130 Stretford Road
Urmston
Manchester
Lancashire
M41 9LT

Tel: 01617476888

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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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 13 and 15 November 2018. The first day was unannounced which meant the service did not know we were coming. The second day was by arrangement.

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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Manorhey is a modern purpose-built care home and accommodation is provided over three floors and the building is fully accessible. The ground floor unit specialises in providing care to people living with dementia and memory problems; the first floor specialises in providing nursing care; and the second floor provides residential care. The service is registered with CQC to accommodate a maximum of 83 people. At the time of this inspection, 80 people were living at Manorhey.

We last inspected Manorhey in March 2018. At that inspection we found serious continued breaches of regulations associated with the Health and Social Care Act (Regulated Activities) Regulations 2014. As a result, the service was rated 'Inadequate' and placed in special measures. This inspection was planned to check whether the provider was now meeting legal requirements.

At this inspection, we found good progress had been made in many aspects of the service. However, further improvements were needed in relation to medicines management and good governance. Despite this, we were satisfied the home had made the necessary improvements overall to be removed from the special measures framework. You can see what action we have taken at the back of the full report.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At this inspection a medicines inspector (pharmacist) looked at medicines and records for 15 people. We found improvements had been made which meant that people no longer ran out of their medicines and people who needed their fluids thickened could have drinks safely without choking. However, there were still areas of medicine's management that must be improved to ensure people's health is consistently protected.

Aspects of governance were not being operated effectively and had failed to identify errors. This was of concern given that the providers own Service Improvement Plan (SIP) was not reflective of current practice for medicines management and that internal auditors have failed to identify these issues.

Following our inspection visit, the provider voluntarily sent CQC an action plan which addressed the areas of

concern raised during the inspection. Furthermore, we took into account the fact that since our last inspection, a new registered manager and a new clinical lead were now in post, and, additional medicines management support was being provided by the local NHS Clinical Commissioning Group (CCG).

People had individual assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition and hydration, and personal care.

Accidents, incidents and untoward events were recorded and managed appropriately. there was clear information detailing any remedial action taken in order to reduce the likelihood of such events occurring again in the future.

We reviewed staffing levels and noted the providers ongoing recruitment strategy to recruit and retain permeant staff with the aim of reducing the use of agency staffing. Through our own observations of how care was being provided, we found people's needs were met in a timely way and staff were present in communal areas.

We found the home to be visibly clean throughout. Cleaning schedules were in place and staff understood their roles and responsibilities for the prevention and control of infection.

Before a person was accepted to move into Manorhey, the registered manager would complete a comprehensive pre-admission assessment. The purpose of this assessment was to ensure the service could meet the person's individual needs.

From our review of records and through talking to staff, people who used the service and visiting relatives, it was clear Manorhey had a person-centred approach to the delivery of care and support. Person-centred is about ensuring someone with a disability or long-term condition is at the centre of decisions which relate to their life.

People living at Manorhey were cared for by staff who were skilled, competent and trained to fulfil their respective roles.

We observed lunch time service and found dining tables were well presented and the atmosphere was calm and conducive to a pleasant meal time experience. Dedicated hospitality staff served food from a hot trolley which freed-up care staff to help people who required additional support. Where a person had special dietary requirements, such as a soft or pureed diet, their meals were well presented in individual soft moulds.

Manorhey is a modern purpose-built nursing home, but retains a warm, friendly and homely atmosphere. We found people's bedrooms were personalised with their own memorabilia, photos of family, personal effects and ornaments.

Since our last inspection of Manorhey, there had been changes in personnel which meant noticeable improvements were felt across the service in terms of the culture, ethos and quality of care being provided.

People living at Manorhey were diverse and multi-cultural and the service benefited from an equally diverse workforce which was reflective of the local community.

During our observations we found staff treated people with dignity and respect. Staff shown patience and understanding and gave an explanation before a task or activity was carried out. The majority of staff clearly knew people well and understood their preferences, likes and dislikes.

People were actively encouraged to provide feedback on any aspect of service delivery at Manorhey. We saw that surveys and questionnaires were distributed and there was a regular programme of resident and relatives' meetings. We also saw there was a monthly newsletter which kept people and relatives up to date with events and activities taking place within the home.

It was evident from our discussions with staff, and through our own observations, recent changes in personnel at Manorhey had led to tangible improvements across the whole service in terms of the culture, ethos, team work and quality of care being provided. This had been achieved by the commitment and dedication of managers and staff, and also through the supportive measures provided by the local authority and NHS clinical commission group.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not consistently safe.

Continued improvements were needed to ensure medicines were managed safely.

Staffing levels had improved and the provider had a strategy to reduce dependency on agency workers.

Safety checks related to the building, premises and equipment were completed on a regular basis and appropriate records were kept.

Is the service effective?

Good

The service was effective.

Improvements had been made to ensure the service was compliant with the principles of the Mental Capacity Act (2005).

People were cared for by staff who were suitably qualified, skilled and experienced to fulfil their roles.

The mealtime experience was positive and people received the right amount of help and support in a timely way.

Is the service caring?

Good

The service was caring.

Staff shown patience and understanding and gave an explanation before a task or activity was carried out.

Information about advocacy and support services was readily available within the home and we saw examples of how independent advocates had been involved with a number of individuals and their families.

Improvements were felt across the service in terms of the culture, ethos and quality of care being provided.

Is the service responsive?

Good

The service was responsive.

People had access to a wide range of one-to-one and group based social activities which sought to increase wellbeing.

People nearing the end of life were cared for by caring and skilled staff who followed the nationally recognised 'six steps' programme.

People told us they were confident in raising a concern and felt these would be taken seriously and acted upon.

Is the service well-led?

Requires Improvement

Aspects of the service were not well-led.

Sustained improvements were required in relation to audit, quality assurance and questioning of practice.

People spoke highly of the new registered manager and long-standing deputy manager.

People were actively encouraged to provide feedback on any aspect of service delivery at Manorhey.

Staff told us they felt able to positively contribute ideas and suggestions regarding the management of the home.

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 15 November 2018. The first day was unannounced which meant the service did not know we were coming. The second day was by arrangement.

The inspection was carried out by an adult social care inspector, a medicines inspector (pharmacist) and an assistant inspector from the CQC. The inspection was also supported by an expert-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.

Due to the timeframe in which this inspection was completed, a Provider Information Return (PIR) was not submitted by the service. A PIR 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. However, as part of the inspection planning process, we reviewed intelligence already held by CQC in the form of statutory notifications from the service and feedback provided by stakeholders such as the local authority and NHS clinical commissioning group.

We spoke with 10 members of staff including the registered manager, deputy manager, clinical lead, nurses, care practitioners, care assistants, activity assistants, a regional director and a quality assurance manager.

We also spoke with 10 people who lived at Manorhey Care Centre and five visiting relatives. Due to the nature of the service, we also completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked in detail at eight care plans and associated documentation; four personnel files; supervision and training records; audit and quality assurance documents; policies and procedures; and records relating to the safety of the building, premises and equipment.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection in March 2018 we found medicines were not managed safely. We took enforcement action by issuing a warning notice for a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. This key question was also rated Inadequate.

At this inspection a medicines inspector (pharmacist) looked at medicines and records for 15 people. We found improvements had been made which meant that people no longer ran out of their medicines and people who needed their fluids thickened could have drinks safely without choking. However, there were still areas of medicine's management that must be improved to ensure people's health is consistently protected.

There was still not enough information available to guide staff when administering medicines prescribed as "when required" or with a choice of dose to enable these medicines to be given safely and consistently. When this information was in place we saw it were not always followed. There was still no professional guidance from a pharmacist or any practical information as to how to give medicines which needed to be given covertly, by hiding them in food and drink. During the inspection the Clinical Commissioning Group (CCG) pharmacist was present and told us how they were helping the home in improving these areas of medicines management.

Medicines were not always administered safely. We found that because no records were made about the time each dose of Paracetamol was given there was a risk that doses would be given too close together. Some medicines needed to be given 30 – 60 minutes before food but we found they were not always given at the correct times. Information about how to manage people's insulin lacked detail. We raised this during the inspection and the clinical service manager made immediate changes for one person who was at most risk.

There were also ongoing concerns about the way waste medicines were stored and the cleanliness of the "tablet crushers" which were in use during the inspection.

In respect of the medicines management issues described above, whilst we found people had been exposed to a risk of harm, we found no evidence that people had suffered actual harm.

This was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

In respect of the above continued breach of regulation, during feedback at the end of the inspection, a senior manager from Maria Mallaband (the provider) was present and a high level of assurance was given that immediate action would be taken to address the issues outlined above. Additionally, following our inspection visit, the provider voluntarily sent CQC an action plan which addressed the areas of concern raised during the inspection. Furthermore, we took into account the fact that since our last inspection, a new registered manager and a new clinical lead were now in post, and additional medicines management

support was being provided by the local NHS Clinical Commissioning Group (CCG).

We asked people whether they considered the home to be a safe place. Comments from people living at the home included: "They look after you very well."; "They are here for you if you want someone."; "No problems with home."; "Yes, I feel safe here."; and, "I like it alright." Comments from visiting relatives included: "I can go home and not worry about [relative]."; "If we didn't feel [relative] was safe we would speak to one of the nurses or carers."; "As a family were happy with the care and we do think it's a safe care home."

At the last inspection we found a breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and Equipment. This related to the fact lifting equipment was still in use and had not had its required servicing in line with safety regulations. At this inspection, we found the service was no longer in breach of Regulation 15(1).

Systems were in place to ensure the building, premises and equipment was safe. We examined records and safety certificates relating to the passenger lift and hoists used in the moving and handling of people and found these to be in order and up-to-date. The most recent fire risk assessment was dated January 2018 and all other records relating to fire safety were in order. For example, records related to simulated evacuations and drills, including staff response times; weekly fire panel checks; weekly checks on firefighting equipment; and weekly checks on the 'emergency box.' Safety certificates for gas and electrical safety were also in order and up-to-date. Personal Emergency Evacuations Plans (PEEPS) were also in place for each person living at the home.

Comprehensive health and safety checks were completed on a regular basis for legionella/water outlets; room/radiator temperatures; hot water temperatures; window restrictors; nurse call bell system; bed rails and mattress integrity checks; portable electrical appliance checks; and emergency lighting checks. Environmental risk assessments were place for the buildings and premises, including control measures which sought to mitigate any potential risks. During the inspection, we spoke with the registered manager and senior managers about enhancing their suite of environmental risk assessments to include all outside spaces that are accessible to people living at the home.

The service had a business continuity plan (BCP) which had been reviewed and updated in October 2018. A BCP is an emergency plan that is implemented by the service in the event of an incident or untoward event. For example, fire, flood, or electrical failure.

People had individual assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition and hydration, and personal care. Where a risk had been identified there was guidance for staff on how to support people appropriately in order to minimise hazards and keep people safe whilst maintaining as much independence as possible.

We reviewed how accidents, incidents and untoward events were managed. When such an event occurred, an accident/incident report from was completed by staff. This form also included a section for a member of the management team to record the follow-up actions that had been taken. Each month, an analysis was carried out looking at the date, time and nature of the accident or incident. This analysis enabled the registered manager to identify themes and trends and to ensure remedial measures were put in place to reduce the likelihood of such events occurring again in the future. Oversight was also maintained by regional quality assurance manager.

Policies and procedures for safeguarding and whistleblowing within the service were up-to-date and remained effective All the staff we spoke with knew and understood their responsibilities to keep people safe and to protect them from harm.

We reviewed staffing levels and noted the providers ongoing recruitment strategy to recruit and retain permeant staff with the aim of reducing the use of agency staffing. Comments from people about staffing included: "The staff are good but stretched."; "All day we get one staff, then the next day its somebody else."; "I think it's the weekends where they have more agency staff."; "It's the quality not the quantity of the staff you need and not employing agency staff."; and, "The staff are all lovely here." Through our own observations of how care was being provided, we found people's needs were met in a timely way and staff were present in communal areas. We recognised the ongoing issues with recruitment and retention faced by the service, but we were assured the provider was doing all that was practicable to address this.

We reviewed records of four newly recruited staff to check that recruitment procedures remained safe. We found prospective new employee's completed application forms and the information provided included a full employment history and pre-employment checks had been carried out. These included Disclosure and Barring Scheme (DBS) checks, health clearance, proof of identity documents, including the right to work in the UK, and two references, including one from the previous employer. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups.

We checked how the provider ensured registered nurses who worked at the service maintained their registration. We saw the service kept a record of nurses Nursing and Midwifery Council (NMC) PIN numbers and when their revalidation was due. Records showed all the registered nurses who worked at Manorhey were registered and had a valid PIN.

During this inspection, we found the home to be visibly clean throughout. Cleaning schedules were in place and staff understood their roles and responsibilities for the prevention and control of infection.

Good

Is the service effective?

Our findings

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the last inspection in March 2018, the service was in breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent. This was because the principles of the MCA concerning consent were not being followed consistently. For example, where a person lacked mental capacity to consent to care, we found 'consent' documents had been signed by relatives who were not legally authorised to do so. However, at this inspection, we found significant improvements had been made in the whole service approach to the MCA; this meant the service was no longer in breach of Regulation 11(1). Examples of the improvements we found include: the service had contacted the Office of Public Guardian and submitted an application to search the register for Last Power of Attorney (LPOA) for care and welfare and finance for all our people living at Manorhey. This meant records were fully up-to-date and only those legally authorised to do so provided consent. Additionally, where there was no LPOA evident, in line with the MCA the service convened a best interests meeting with relevant people involved, such as relatives, social workers or GP. Considerations around the MCA were now also a fundamental aspect of the pre-admission assessment.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management team understood their role and responsibilities concerning the DoLS process and the need to apply for a DoLS authorisation in order to deprive someone of their liberty to keep them safe. Records were maintained which sought to ensure key dates relating to all aspects of the DoLS process were tracked and actioned as appropriate.

Before a person was accepted to move into Manorhey, the registered manager would complete a comprehensive pre-admission assessment. The purpose of this assessment was to ensure the service could meet the person's individual needs. Where a person was accepted, information gathered as part of the assessment was used to ensure their transition into the service was completed as safely and effectively as possible.

People living at Manorhey continued to be cared for by staff who were skilled, competent and trained to fulfil their respective roles. Newly recruited staff completed both a corporate and local induction programme. Training and continuous professional development (CPD) was delivered via a combination of classroom based learning and e-learning modules. For example, staff had received training in nutrition and hydration; clinical skills; emergency first aid; MCA/DoLS; dementia; Parkinson's disease; and, iCare (electronic care records). Where learning had been completed via unsupported e-learning, a 'people champion' would carry out competency checks to unsure underpinning knowledge. A 'people champion' was a senior care worker within the service who had a dedicated role around training and professional

development.

Qualified nurses working at Manorhey also had access to CPD and they followed a 'nurse support and development pathway.' Modules within the pathway included: communication; accountability; leadership; and, safe and effective care. We saw that qualified nurses had recently completed additional clinical skills training in relation to Sepsis and Chronic Obstructive Airways Disease (COPD).

Staff from Manorhey were also positively engaged in attending CPD and clinical skills training provided via NHS Trafford CCG co-operative training programme. Delivered throughout the year, this training programme delivers training on a wide range of topics such as advanced dementia awareness; essentials of care planning; catheterisation study day; end of life care and syringe driver basics; and, moving and handling updates. The training is delivered from other nursing homes and health premises across the Trafford area.

Comments from staff in relation to training and CPD included: "They are pretty good here with the training, they are on the ball."; "I've completed lots of additional training and the company have supported me to complete my QCF level three in care. The Qualifications and Credit Framework (QCF) is a new credit transfer system which has replaced the National Vocational Qualification Framework (NVQ).

We reviewed the frequency of supervision sessions and looked at a sample of supervision records. We found supervision sessions were broadly being completed in line with the providers policy. All staff we spoke with said they felt supported by the registered manager and wider management team and that supervision sessions were meaningful. Supervision provides an opportunity for line managers to meet with staff, feedback on their performance, identify any concerns, and offer support, assurances and learning opportunities to help them develop.

On day one of our inspection we observed lunch time service on the ground floor. Accommodation on the ground floor of Manorhey is dedicated to caring for the needs of people living with dementia. Dining tables were well presented and the atmosphere was calm and conducive to a pleasant meal time experience. Dedicated hospitality staff served food from a hot trolley which freed-up care staff to help people who required additional support. Where a person had special dietary requirements, such as a soft or pureed diet, their meals were well presented in individual soft moulds.

We asked a sample of people across each of three floors for their views on the quality of food and drink at Manorhey. Comments included: "I like the food, it's ok."; "Foods quite nice."; and, "I eat very little, you do get a choice, I usually have porridge for breakfast, soups for lunch and lots of drinks." Comments from visiting relatives included: "Food is good, I have eaten it a couple of times myself, you get a choice."; "[Relative] eats well; she is a picky eater, she always likes her tea and cake even in the morning and afternoons."; "Food is really good, [relative] gets well looked after, its pureed but its real food." One relative also told us: "[Relatives] health has improved 100% fold as the staff take the time to encourage her to eat, if she don't like it, they will ask what you want, whenever she asks for it."

We looked at how people who used the service were supported to access community based health care services. We found people had routine access to relevant primary care services such as a GP, dentist, optician and community based mental health services. Support was also provided to ensure people were able to attend all relevant health appointments.

Manorhey is a modern purpose-built nursing home, but retains a warm, friendly and homely atmosphere. We found people's bedrooms were personalised with their own memorabilia, photos of family, personal effects and ornaments. Each bedroom had en-suite facilities and there were also communal accessible bathrooms and toilets.

We found there was appropriate 'dementia friendly' wayfinding signage to help people living with dementia or memory problems to identify areas within the home such as lounge and dining areas. On the ground floor, additional supportive measures were in place to aid orientation. For example, personalised boards were installed outside people's room with either photos of themselves or a picture related to previous employment, favourite football team or pet. Also, corridors were painted in different colour schemes to help people orient themselves around the environment.

Good

Is the service caring?

Our findings

Since our last inspection of Manorhey, there had been changes in personnel which meant noticeable improvements were felt across the service in terms of the culture, ethos and quality of care being provided.

We asked people if they considered Manorhey to be a caring place to live. Comments included: "They're kind, thoughtful and the staff work hard."; "They do listen to you, no complaints."; "Occasionally, when they rush, some can be impatient."; "The regular staff are kind and chatty but some of the agency staff don't even say hello."; and, "I do need help to wash and dress, but they are kind."

People living at Manorhey were diverse and multi-cultural and the service benefited from an equally diverse workforce which was reflective of the local community.

We looked at how staff recognised and responded to people's personal preferences and how additional needs were taken into account. For example, how the needs of older lesbian, gay, bisexual or transgender (LGBT) people would be met, how people of non-white heritage were supported, and how the pastoral needs of those who practiced faith were met. By looking at care records and how information was captured, and through talking to staff, we were satisfied the home sought to deliver care and support in a way that was non-discriminatory and promoted personal preferences. For people of faith, we saw the home had good links with the local religious community and people's pastoral needs were being met.

During our observations we found staff treated people with dignity and respect. Staff shown patience and understanding and gave an explanation before a task or activity was carried out. The majority of staff clearly knew people well and understood their preferences, likes and dislikes. Staff also had a good understanding of people's past lives and social histories which enabled them to participate in meaningful conversations with people. This was further confirmed by a relative we spoke with who also felt the staff knew their family member very well.

During the inspection we observed one person becoming anxious. We saw a staff member quickly intervened to reassure this person. We spoke to the staff member who confirmed this person's anxiety was part of their diagnosis and they discussed the importance of redirecting the person to help reduce their anxiety levels.

Information about advocacy and support services was readily available within the home and we saw examples of how independent advocates had been involved with a number of individuals and their families. An advocate is a person who is independent of the service and who can come in to support a person to share their views and wishes if they wanted support.

Good

Is the service responsive?

Our findings

We asked people if they considered Manorhey to be responsive to their needs. Comments included: "I can choose what I want to do and when I want to do it. I've no issues."; "I prefer to sleep in and the staff are fine with this."; "[Relative] has lived her for a number of years now and I've always found the staff to be very responsive and they often anticipate her needs before she even asks."

Manorhey Care Centre utilises an integrated electronic software package for managing all aspects of nursing and social care within the home. This means care plans, handovers, daily notes, scheduled tasks, management reporting, risk assessment and charting forms are easily accessible in one place. During the inspection, the inspection team utilised a laptop provided by the service to undertake a comprehensive review of eight care plans and associated records.

From our review of records and through talking to staff, people who used the service and visiting relatives, it was clear Manorhey had a person-centred approach to the delivery of care and support. Person-centred is about ensuring someone with a disability or long-term condition is at the centre of decisions which relate to their life. A person-centred process involves listening, thinking together, sharing ideas, and seeking feedback. This process should be ongoing to make sure each person is supported towards their personal goals, even as they evolve and change. In the records we reviewed we found comprehensive information about peoples likes, dislikes, personal history, hobbies and interests. We also learnt that since our last inspection, a new practice of 'resident of the day' had been introduced which appeared to be working well in terms of ensuring records were up-to-date and reviews/evaluations of care were being done timely.

Fundamental to the person-centred approach, was the role of the activity assistant at Manorhey. During the inspection we spoke at length with an activity assistant, reviewed both group and one-to-one activities that were on offer, and observed an activity session that was taking place. The activity assistant role was well integrated into the multi-disciplinary team and played a key role in the wellbeing of people living in the home. One aspect of the role was to help and support people when they first moved in. We were told: "We will do a meet and greet and sit with people when they first move in, so we get to know them as a person. We will ask them if they have had favourite things that they want to do and likes and dislikes. We see if they have new ideas, we do try to accommodate. It's their home they can go wherever they want to go." In addition to a full programme of weekly group activates, people were also provided with opportunities to participate in one-to-one activity sessions. This was particularly important and beneficial for those people who either chose to remain in their own room, and for those who were permanently cared for in their own room. One person whose preference was remain in their own room told us: "I'm not really one for joining in activities in the lounge but I do enjoy it when staff come and spend time with here in my room."

The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. Through our review of people's care and support records, we were satisfied that should people require information in an accessible format, this would be quickly identified by the service and acted upon.

In February 2018 Manorhey was successful in revalidating for the 'Six Steps' end of life care programme. This meant the staff within the home were able to provide a responsive level of care and support to those people who were nearing the end of life to nationally recognised quality standards. People who were nearing the end of their life could choose to remain at the home to be cared for in familiar surroundings by people they knew well and could trust.

We asked people how confident they were in raising a concern or making a complaint. Comments included: "I would speak to the manager."; "The only complaint I had is them losing their hearing aids.", and ""No, I have not had a need to raise a complaint. If I did, I speak to staff or the manager." Information about how to raise a concern or complaint was readily available across the home, including the providers corporate complaints policy. Where a complaint had been made, a complaints log was maintained and this detailed the nature of the complaint, action taken and outcome.

We also saw the service had received numerous compliments in the form of 'thank you' cards and letters of appreciation.

Requires Improvement

Is the service well-led?

Our findings

At the previous two CQC inspections of Manorhey Care Centre, we found continued breaches of regulations that exposed people to a risk of harm. As a consequence, at the last inspection in March 2018 we rated the key questions of 'safe' and 'well-led' as Inadequate; this meant the service also received an overall performance rating of Inadequate. We also took enforcement action by issuing two warning notices.

At this inspection, whilst we found improvements had been made, given the continued issues identified around medicines management, aspects of governance were not being operated effectively and had failed to identify errors. This was also of concern given that the providers own Service Improvement Plan (SIP) was not reflective of current practice for medicines management and that internal auditors have failed to identify these issues.

As previously mentioned in this report, the provider took immediate action to address the issues identified during this inspection. However, the provider is required to demonstrate a period of sustained improvements to ensure systems and processes for audit, quality assurance and questioning of practice, associated with medicines management, are sufficiently robust to identify issues at a much earlier stage, and to demonstrate that effective remedial action is taken.

This was a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

However, more widely, we found audit and quality assurance for other aspects of service delivery and quality of care were operated effectively. For example, audits relating to care files, environmental checks and health and safety, were completed in a timely manner. Overarching trend analysis was also completed with a clear audit trail of remedial and preventive actions taken.

Since our last inspection, a new registered manager had been appointed. Like registered providers, registered managers 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.

We asked staff if they considered the service to be well-led. Comments included: "I don't feel anxious coming to work in morning's like I did before; It's now a far nicer place. A lot of people left, I was going to leave, I'm glad I stuck it out. When the home is run right it is a lovely place to work. All the staff are committed to get us back up there."; "It is a nicer place to work in, it is much more pleasant now since we've had a new manager. On a personal level I find [registered manager] approachable and calm, I feel we're being listened to."; and, "The deputy manager is fantastic. They were a carer like me once so they know the job and this shows. The deputy is really supportive."

People were actively encouraged to provide feedback on any aspect of service delivery at Manorhey. We saw that surveys and questionnaires were distributed and there was a regular programme of resident and relatives' meetings. We also saw there was a monthly newsletter which kept people and relatives up to date with events and activities taking place within the home.

Staff told us they felt able to positively contribute ideas and suggestions regarding the management of the home. We saw minutes of staff meetings and noted that daily 'flash meetings' took place.

During the inspection we met with the regional director and regional quality assurance manager for Maria Mallaband Limited (the provider). Through our discussions there was acknowledgment regarding previous failures and a common agreement about the work still to do. We were assured of the providers commitment to quality and continuous service improvement and their determination to get things right first time.

It was evident from our discussions with staff, and through our own observations, recent changes in personnel at Manorhey had led to tangible improvements across the whole service in terms of the culture, ethos, team work and quality of care being provided. This had been achieved by the commitment and dedication of managers and staff, and also through the supportive measures provided by the local authority and NHS clinical commission group. However, to improve the overall rating to 'Good' the provider needs to demonstrate the capacity to maintain sustained improvement and consistent good leadership and management.

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 12 HSCA RA Regulations 2014 Safe care and treatment 12(1)(2)(g) The proper and safe management of medicines. We found there were still areas of improvement to be made to ensure medicines were consistently managed safely and people's health was not placed at risk.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(1)(2)(a)(b) Systems or processes for good governance were not being operated effectively to ensure compliance.