Bupa Care Homes (CFHCare) Limited

Manor Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Manor Court is a residential care home that provides personal and nursing care for up to 111 people accommodated in four self contained units. At the time of our inspection, only three of the units were in use accommodating 83 people. This included older people, some who were living with the experience of dementia, and younger adults with physical disabilities.

People's experience of using this service and what we found
During the inspection we found the provider had systems and processes in place to help keep people safe including risk assessments and risk management plans. Medicines were generally managed safely. People and relatives told us they thought people were safe. Safe recruitment procedures were in place.

The provider had systems in place to manage infection prevention and control. Staff generally wore personal protective equipment (PPE) appropriately and visiting was managed safely in line with government guidance. COVID-19 testing, care plans and visitor plans were in place.

There were processes for managing incidents, accidents, safeguarding concerns and complaints to help make improvements to the service. There was evidence incidents were appropriately investigated so learning took place and relevant agencies such as the local authority and CQC were notified. The provider undertook audits and checks to monitor and improve the quality of the service.

The provider worked with external professionals to help ensure people's health and wellbeing needs were met. Stakeholders across all groups felt able to raise any concerns with individual unit managers.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
The last rating for this service was good (published 9 January 2021).

Why we inspected
We received concerns in relation to risk about the care provided. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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. We found no evidence during this inspection that people were at risk of harm from this concern.

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

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.

Follow up
We will continue to monitor information we receive about the service using our monitoring systems which will inform when we next inspect the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Manor 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
The inspection was carried out by two inspectors.

Service and service type
Manor 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 also sought feedback from the local authority who works with the service. 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 providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this

report.

During the inspection
We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including the regional director, area manager, registered manager, clinical lead, team leaders and care workers.

We reviewed a range of records. This included 11 people's care records and multiple medication 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 continued to seek clarification from the provider to validate evidence found. We spoke with nine relatives and three healthcare professionals.

Good

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe at the home.
• The provider had procedures in place to help safeguard people from the risk of avoidable harm and abuse. When required, the provider worked with other agencies such as the local authority to investigate concerns to help protect people from further harm. Analysis of safeguarding incidents were completed to improve future service delivery.
• Training records indicated staff had appropriate training around safeguarding and whistleblowing. Staff we spoke with knew how to raise safeguarding concerns with the local authority and CQC to help protect people from further harm.

Assessing risk, safety monitoring and management
• The provider had systems and processes in place to assess risks to people's health and wellbeing. Risk assessments included skin integrity, diabetes, falls, choking, nutrition, continence, smoking and moving and handling. Risk mitigation plans contained guidance for minimising risks to people while supporting them to make choices and to maintain their independence as much as possible. These were reviewed regularly or when people's needs changed. Although the care plan for one person, out of the eleven people's files we looked at, did not reflect the most recent fall they had. Additionally, monthly care plan audits had identified information missing from the care plans so staff could address this. They included an action plan to be signed off when the actions were completed.
• There were procedures in place for dealing with emergencies. Each person had a personal emergency evacuation plan (PEEPs) which contained information for supporting them in the event of a fire or other emergencies.
• Equipment such as hoists and lifts used to support people was appropriately maintained so they were safe to use.
• Records indicated the provider undertook appropriate health and safety checks with action plans to monitor the premises and help ensure people lived in a safe environment. These included the fire alarm, emergency lighting and electrical installations. We did, however, notice the gardens were not always well kept. We raised this with the registered manager and saw by the second day of the inspection, the maintenance of the gardens was being addressed.

Staffing and recruitment
• People had mixed opinions about whether enough competent staff were effectively deployed to support people safely and appropriately. People told us, "Not enough staff", "Not enough trained [staff]", "There is a

lack of staff on the unit during the day." Most relatives felt there were enough staff.
• The provider used a tool to assess the number of staff required to meet people's needs. The registered manager acknowledged that the service had had some changes in staff and they were in the process of recruiting more staff to fill vacancies.
• The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service. After being recruited, staff undertook an induction and training, so they had the required knowledge to care for people.

Using medicines safely
• We found that overall medicines were managed safely. However, in one unit we found examples where there was no record of medicines being carried over onto the medicines administration records (MAR) for the new cycle that started that week. Staff told us this was down to time management and they would be updating the records as soon as possible.
• The provider had medicines policies and procedures in place and staff completed relevant training and competency testing to help ensure they were administering medicines safely.
• Medicines were securely stored and maintained at safe temperatures.
• Records of administered medicines were accurate. Care records included information about people's prescribed medicines and appropriate guidance for as required medicines.
• Medicines audits had been carried out so medicines errors or incidents could be identified and resolved.

Preventing and controlling infection
• The provider had policies and procedures in place for preventing and controlling infection, which had been updated and reviewed in line with the pandemic.
• Staff had individual COVID-19 risk assessments, however, people using the service did not. We discussed this with the registered manager who agreed to create individual risk assessments for residents. Although missing risk assessments, people did have COVID-19 care plans and visitor plans which helped to mitigate the risk of COVID-19.
• Staff had completed relevant infection control training and had access to sufficient stocks of PPE such as gloves, aprons and masks. Most staff wore their PPE correctly. However, we did see some staff with masks under their noses, but this was immediately addressed. There were guidelines for visitors to the service in line with government guidance which included the use of PPE.
• Cleaning schedules, checked by managers, were in place to help mitigate the risk of infection.
• The service followed a 'whole home' testing process that meant all people using the service and staff were regularly tested for COVID-19.

Learning lessons when things go wrong
• The provider had systems for learning lessons when things went wrong. We found that although the electronic record did not always have the falls, slips and trips review completed, there was always a root cause analysis and the quality metrics indicated clear actions had been identified to prevent similar incidents from happening again. Incidents and accidents were recorded and reviewed by managers to improve service delivery. Reports for the home were analysed monthly to identify trends and make improvements to reduce the risk of harm to people.
• Daily meetings were held with staff where information was shared about how to help mitigate risk to people and improve practice. Clinical meetings were also undertaken to highlight any changes in people's clinical needs and how to provide support to help keep people safe. For example, the September 2021 quality metrics indicated there had been two falls that month. The action was to update the person's falls risk assessment, falls diary and care plan and complete a root cause analysis of the incident. It also recorded the incidents were discussed with staff in handover and clinical risk meetings so they learned from this.

Good

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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

• We spoke with people using the service, their relatives, staff and other professionals. These stakeholders provided mixed feedback about how the provider promoted a positive culture and achieved good outcomes. Some stakeholders indicated there had been several staff changes that resulted in experienced staff leaving the service, and the staff who remained were stretched. A number of stakeholders felt either this was not recognised by the senior managers or that they could not raise it with them. As a result, some stakeholders did not always feel valued or listened to. This was reflected in the pulse survey the provider carried out in June 2021 which included an analysis and what the provider needed to do to make improvements.

• We discussed this with the registered manager who acknowledged there had been changes in the last year. Initially they felt there had been misunderstandings with staff and to address this, they had regular meetings with staff to discuss the changes. The registered manager felt they are now working better as a team and supporting each other. The provider is in the process of recruiting nurses and current staff are being offered the opportunity to undertake more hours. The provider was also planning to increase the hours for activity co-ordinators. The registered manager believed the service was moving in a positive direction now and noted the home has new staff, new views and opinions and are looking at a brighter future.

• Most people and relatives were satisfied with the service provided and told us, "[The home] has a really nice group of staff. We're very happy with the care", "The majority of the staff are quite good" and "Carers are attentive."

• Care plans were person centred and the registered manager told us from the day of admission relevant information about the person was gathered from the person, families and involved professionals to inform how care was provided. This evolved based on people's changing needs.

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 understood their responsibility around the duty of candour. They were open about sharing information during the inspection. They were aware of when they were required to share information with other agencies such as the local authority or CQC.

• Records indicated complaints were responded to appropriately and we saw evidence the registered manager met with families to discuss concerns when required.

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

• The registered manager had relevant qualifications and experience and said they felt supported in their role. The registered manager and senior team understood their roles, responsibilities and legal requirements. They kept themselves updated with changes in legislation and guidance.
• Daily handover meetings helped to promote good communication in the team. Staff reported, "We have good staff here and if we are short someone will pick up. Good team players here" and "We have a detailed handover daily and team meetings once a month."
• The provider had systems in place to monitor the provision of care and safety in the service and regular assessments and checks were carried out to help identify risks and concerns.
• Relatives fed back that they did not always know who the registered manager was, but they were happy with how the unit managers responded to them. Comments included, "Staff are approachable, and you can speak to them" and "The unit manager is wonderful. Anything I have seen I have raised it and the unit manager takes it on board".

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

• From our conversations with people, their relatives, staff and other professionals, we found stakeholders were more likely to speak with unit managers than the registered manager. Not all people using the service knew who the registered manager was and a number of people across the stakeholder groups did not feel able to approach the registered manager.
• People and relatives had been asked to provide feedback through satisfaction surveys in October 2021 and staff surveys had been completed in June 2021. The provider collated the information and used it to address any concerns raised.
• The provider had engagement champions who were tasked with communicating information and engaging with people and their relatives.
• Resident meetings took place monthly and gave people the opportunity to feedback their views of the service.
• People's care records included information around their individual needs. This included their religion and communication needs. We observed staff spoke several languages and could communicate with people in their first language.

Continuous learning and improving care

• The provider had systems for assessing, monitoring and mitigating risk and improving the quality of the service. Checks and audits included care plans, staff supervision, call bells, medicines and infection control.
• Managers analysed audits to identify issues and learn lessons to make improvements to service delivery. For example, the September 2021 quality metrics report we reviewed recorded that after one person's fall their care plan and risk assessments were reviewed, the concerns regarding falls and infections were discussed in the shift handover and the weekly clinical risk meeting and training sessions for all staff around falls had been arranged. Another example was the weekly call bell analysis for September 2021 indicated longer waits appeared to be at mealtimes. The action in the analysis was to discuss with staff in the daily walk arounds and hand over meetings about how to respond quicker to call bells. The meeting minutes of 22 September 2021 indicated this had been discussed with staff.
• The registered manager told us they had made improvements to the monitoring system by keeping clinical information in each of the units to provide easy access to the unit managers. They had also involved other staff in monitoring including giving the housekeeping supervisor responsibility for laundry and housekeeping audits which provided them with a better overview of this area.
• Following concerns raised with the local authority we saw the provider had developed an action plan in line with their falls prevention strategy that included training for all staff and had identified falls champions

for each unit to help promote best practice within the staff team.
• Staff took part in supervision meetings with a manager to discuss best practice and develop their skills.
• The registered manager was keen to support staff to improve their skills and advance in their roles. Three permanent care workers had been promoted to be seniors when they were acting as bank staff and were completing competency assessments for the senior role at the time of the inspection. The service had also recently completed care planning training for nurses and senior staff to help improve their clinical skills.

Working in partnership with others
• The staff team worked in partnership with others to help ensure people received safe care and support. Records showed partnership working with other health and social care professionals including the GP, speech and language therapist, community nurse and dietician. One healthcare professional noted that the recent turnover in staff had impacted on the remaining staff and experience. Another healthcare professional acknowledged the change in staff but said, "Their nurses are responsive to patient needs, caring, competent and capable."
• The registered manager attended provider forums with the local authority to help keep up to date with current guidance and share good practice.
• Where appropriate the service shared information with other relevant agencies, such as the local authority, to improve outcomes for people using the service.