

# Silverline Care Limited

# Manorcroft

## Inspection report

Old Bank Road  
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West Yorkshire  
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Date of inspection visit:  
30 October 2019

Date of publication:  
11 December 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Manorcroft is registered to provide accommodation, personal care and nursing care for up to 40 people. There were 27 people living at the home on the day of our inspection. Manorcroft is a two storey purpose built building providing accommodation across two floors.

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

The manager was open and honest with us about the performance of the service and areas for further development. Staff spoke positively about the manager and improvements they had made. Some of our findings had not been identified through audits and other systems of governance and action plans required clearer recording. However, people, relatives and staff were engaged in the running of the home. A complaints system was in place, although one incident which required a complaint to be opened had not been actioned.

Medication was safely managed by staff who had been trained and assessed as competent. The recording of the application of creams required improvement.

We discussed a concern about one person's dietary need not being followed with the manager who said they would take action. People enjoyed the food provided and had a positive mealtime experience. Care plans contained sufficient information around people's needs. End of life care planning required some improvement which the manager said they would address. Positive feedback was received around the activities programme.

People felt safe living at this home and staff were able to recognise and report abuse. There were sufficient numbers of safely recruited staff to meet people's needs. Overall, risks to people's health and safety were assessed and mitigated. Work was ongoing to ensure fire safety requirements were met.

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. Staff ensured people had access to healthcare services. Staff received formal support through supervision and training. People's living spaces were personalised and they were consulted about redecoration in the home.

Consistently good feedback was given by people and relatives about staff demonstrating caring attitudes and values. Staff were familiar with people's care needs and their preferences. People and relatives were involved in their care planning. People's privacy and dignity was respected. Visitors were made to feel welcome at all times.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 November 2018) and there was a single breach of regulation. The registered 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 regulation for consent to care from the last inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Manorcroft

## 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.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience who asked people living in the home about the quality of care they received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Manorcroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission at the time of our inspection. In September 2019, a quality/project lead took day-to-day control of the home and they were guiding operations. Throughout the report, we refer to them as 'the manager'. A new home manager had been appointed and was expected to start shortly after our inspection. We were told they would submit an application to become registered with us in due course.

The registered manager and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and Healthwatch. 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 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who lived in the home and eight visiting relatives about their experience of the care provided. We spoke with the quality project lead and another quality project lead, the nominated individual, a care practitioner, a clinical lead and a further four members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. During the inspection we also spoke with a visiting professional.

We reviewed a range of records. This included three people's care records in details and a further eight care plans for specific information. We looked at three staff files in relation to recruitment and ongoing support as well as a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager sent us evidence of a maintenance certificate which confirmed this was up-to-date.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has 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

- People and relatives told us they felt safe at this home. Effective systems ensured people were protected from harm and allegations of abuse were dealt with appropriately.
- One person told us, "I'm happy here. I feel completely safe." Staff we spoke with had received safeguarding training and knew how to recognise and report abuse.
- Safeguarding incidents had been appropriately reported to the local authority safeguarding team and actions put in place to help keep people safe.

Assessing risk, safety monitoring and management

- Overall, risks to people's health and safety were assessed and mitigated. Risks were assessed in areas which included tissue viability, nutrition and moving and handling. Risks associated with equipment such as bed rails were assessed. We observed staff using equipment appropriately.
- Further work was needed to ensure fire safety was well managed. Personal emergency evacuation plans required updating as some had not for over a year. The manager said they would respond to this. Work was ongoing to meet actions given by the local fire service.
- Other key building and equipment maintenance was up-to-date.

Staffing and recruitment

- Three staff files we looked at showed safe recruitment practice were carried out as relevant background checks had been completed before staff commenced work.
- There were sufficient numbers of staff to meet people's needs. One person told us, "I've only used my buzzer once. The (staff member) told me 'If there's anything you think needs doing or anything you want, just use your buzzer and we'll be here.'"
- Staff consistently told us there were enough staff members to meet people's needs and we saw they responded quickly when people needed assistance.

Using medicines safely

- Medicines were managed in a safe and proper way. Medicines were given by nurses or care practitioners who had received training in medicines management and had their competency to give medicines assessed annually.
- Medicine administration records (MAR) were well completed and all medicines could be accounted for. Topical Medicine records were in place, however, some of these records needed better completing to demonstrate staff were consistently applying creams.
- Medicines were stored safely and securely and were regularly checked and audited.

### Preventing and controlling infection

- The premises were clean and free from odour. The local authority infection control team had identified areas for improvement at their last visit in September 2019. Action was being taken to make improvements.
- One person had specific needs relating to infection control which staff were following. Advice had been taken to ensure all relevant steps were taken. One relative told us, "(The environment) is comfortable and clean."

### Learning lessons when things go wrong

- The manager demonstrated they were committed to improving the service and learning lessons from adverse events. Incidents and accidents were logged, investigated and actions taken to help prevent re-occurrence. For example, we saw evidence of actions taken following the loss of a controlled drug. Incidents and accidents were subject to monthly analysis to look for themes and trends.
- The manager told us there was a culture of reflective practice, where learning from unwanted events was discussed in supervision and staff meetings. Staff confirmed this happened.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not consistently achieve good outcomes or was inconsistent.

At our last inspection we found people's rights to make unwise choices were not always considered. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the registered provider was no longer in breach of this regulation.

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

The Mental Capacity Act 2005 (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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Overall, the service was acting within the legal framework of the MCA. Where people lacked capacity to make decisions we saw evidence that best interest processes were followed to ensure decisions made were in their best interest. This included decisions around medicines management and the use of bed rails.
- We identified one instance where a person's relative had made a care decision without the necessary authority. We raised this with the manager, so it could be addressed.
- Appropriate DoLS applications had been made where the service suspected people were being deprived of their liberty. These had been re-applied for in a timely way.

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

- People's enjoyed the meals served, although dietary needs were not consistently followed to ensure they received meals suitable to their needs.
- One person had been assessed as requiring a pureed diet by speech and language therapy (SALT). However, their care and kitchen records stated they ate a soft diet and some staff also told us this was the case. However, this meant SALT advice was not being properly followed putting the person at risk. We raised this with the manager and clinical lead so immediate action could be taken.

- In other cases, staff were providing people with appropriate diets in line with their assessed needs. People's nutritional needs were assessed. People had access to a range of food and drink, this included regular snacks throughout the day and a choice at each mealtime. Adjustments were made to meet people's individual needs. For example, low sugar desserts were made for diabetic people.
- Where weight loss was identified, management plans were put in place and professionals contacted where appropriate. However, there was not always consistent monitoring of people's weights. For example, one person was of low weight and their care plan stated they should be weighed weekly. They had not been weighed since 26 September 2019. We saw other examples of people not being weighed at the frequency set out in their care plan. The manager said they would address this following our inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were assessed. Overall, adequate information was recorded about people's needs, although where people were diabetic, more information needed recording to demonstrate how their condition was being managed. We raised this with the manager who agreed to review these plans.
- We saw evidence people had access to a range of professionals such as speech and language therapists, dieticians and GPs with their advice clearly recorded within care records. One relative told us, "They regularly assess (name of person). Next week they're going to assess for manual handling because they'll need to use a hoist soon."
- People's oral health needs were met by staff and this was recorded in care plans.

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

- The registered provider was updating the living environment. People's rooms were being redecorated with their involvement.
- The registered manager showed us new crockery which had been ordered. They said this would provide colour and contrast for people living with dementia who may struggle to visualise such items. Adaptive crockery had also been ordered to meet people's physical needs. The manager wanted to order dementia friendly signage.

Staff support: induction, training, skills and experience

- Formal support to staff was provided through induction, training and ongoing supervision and appraisal. Some supervision gaps were seen prior to the new management team coming in to post, although staff had received a recent supervision. Staff received individual and group supervisions sessions to ensure they received ongoing support. Staff told us they were satisfied with the support they received.
- Staff training records showed high levels of completion.

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

- Evidence of pre-admissions assessments was seen which helped ensure the registered provider was able to meet people's needs before they moved into the home.
- People's care and support needs were assessed to enable up-to-date care plans to be written to show how those needs would be met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff provided person-centred care based on their knowledge of people's needs. People's equality, diversity and human rights were respected. For example, people's religious needs were met.
- Information on people's backgrounds, likes, dislikes and preferences was recorded within their plans of care. This helped staff understand the people they were caring for. Interactions between staff and people showed how the needs of people living in the home were understood by staff.
- People commented positively about the care staff provided. Comments included, "They're very attentive" and "I like the staff here." One relative said, "[Name] has only been here a few weeks, but [name] loves it. The staff, the food, everything. [Name is] really happy."
- Visitors told us they felt welcome and respected by staff. One relative said, "The staff are amazing. They made us both very welcome. I stayed with [person] overnight and they (staff) were always asking if I wanted anything, like a blanket and making sure I was comfortable."

Supporting people to express their views and be involved in making decisions about their care

- Care records showed people's views were reflected in their care plans and they were involved in periodic reviews of their care and support.
- Relatives told us, "We evaluated [name's] care plan a few weeks ago. My comments were put in and I feel very much involved" and "They will always phone you and let you know what's going on. You have got a say."
- The home was undergoing refurbishment and people confirmed they were given a sample of colours to choose which they preferred in their room. People had also chosen colour schemes in communal areas.
- Meetings for people and relatives meant there were opportunities to be involved in the running of the home.

Respecting and promoting people's privacy, dignity and independence

- Staff were kind and caring to people, treating them with dignity and respect. Staff asked for permission before assisting people and the action was always explained.
- Staff described how they respected people's privacy and dignity, for example, during personal care. A staff member told us, "I'll make sure the doors are closed properly and the curtains are closed. I'll explain to the [person] so they know what we're doing." Staff routinely knocked on people's bedroom doors before entering.
- Care records focused on ensuring people could retain aspects of their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were assessed and a range of care plans put in place to guide staff. The manager told us improvements had recently been made to care plans. These were generally of good quality and were subject to regular review.
- We saw equipment being used appropriately. For example, pressure relieving mattresses were on the correct settings.

End of life care and support

- At the time of the inspection, nobody living in the home was receiving end of life care. Some information was recorded on end of life needs and future wishes, although this was inconsistent. The manager recognised further work was required to ensure high-quality person-centred information in this area.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and we saw staff communicating effectively with people. However, we noted one person's care plan review stated they were unable to communicate when they had a level of non-verbal communication which could have been attempted to establish some views or feelings in relation to their care. The manager said they would address this.
- People were using different tools to communicate where they were unable to do this verbally. The manager had arranged for a visit from a speech and language therapist to obtain a specific piece of equipment to help one person.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise a concern or complaint if they were dissatisfied.
- One relative told us, "I've been told the complaints procedure. I'd just go down to the office, but I've got no complaints."
- We saw there was one complaint logged within recent months. This had been responded to appropriately and fairly. However, we identified a further incident in which it stated the family of a person were not happy with the home's response to an incident. This was not logged as a complaint despite records stating the complaints procedure had been opened. We were unable to establish whether this had been responded to appropriately. The manager told us they would address this following our inspection.

Supporting people to develop and maintain relationships to avoid social isolation

- People were able to access a range of activities made available through a dedicated activity coordinator.

External entertainers also visited the home.

- People told us they enjoyed the activities. One person said, "They're good at arranging things for us."

Where they were physically able, people were supported to access the local community. People told us they went into the garden when the weather was suitable. A summer house had been opened at the annual fair earlier in the year.

- Activities within the home included weekly coffee mornings which were also attended by relatives, exercise to music and celebrating special events such as Halloween, harvest festival and Christmas. A communal area in the home was being refurbished to provide a therapy area for people.

# 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 requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- The manager was open and honest with us about the performance of the service, its limitations and areas for further development. They demonstrated they were making improvements to the service following a period where the service had not had a manager.
- Systems to assess and monitor the service were in place but some of these needed to be made more robust. Regular audits and checks took place. This included audits of care plans, infection control, medicines management, catering and nutrition.
- Some of these systems needed to be more robust to prevent some of the shortfalls we identified from occurring, for example regarding information in one person's care plan and the kitchen not reflecting advice from a speech and language therapist, and people not being weighed at the frequency specified in their care plans.
- Action plans were not always signed off once audits had been completed to monitor improvement actions had been completed. For example, recent audits completed internally and by external stakeholders had identified some shortfalls but it was unclear what actions had been completed as a result. The manager agreed this needed work to bring all actions together and update an overall action plan or service improvement plan.
- Some documents such as incidents, safeguarding and complaints lacked organisation to ensure clear monitoring of these types of incidents.

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

- At the time of our inspection, the home did not have a registered manager. A quality project lead was in day to day control of the home. A new home manager had been appointed and was due to start shortly after our inspection.
- People and staff had noticed improvements to the service in recent months. One staff member said, "[The manager] has changed a lot of things in a short space of time, in a good way."
- Staff worked together as a team to provide effective care for people. One staff member said, "We're a team and everyone works really hard. We support each other."

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 provider was actively involved in the running of the home and their oversight was evident.
- Notifications had been submitted to the Care Quality Commission for reportable events, which is a legal requirement.
- The management team were candid with us throughout the inspection and were focused on continuing to make improvements in the home.

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

- People, relatives and staff were engaged in the running of the home. One relative told us, "There are relative's meetings and they deal with any concerns we have."
- Resident meetings were held in February and September 2019 and were used to discuss, for example, management arrangements, refurbishment of the home and activities.
- Staff meetings were regularly held and these records showed staff had an opportunity to contribute to the running of the home.

Working in partnership with others

- Partnership working was evident in examples with local schools and a Church. Donations had been made through the Church to go to food banks and children from a school visited the home. The salvation army junior section were due to visit at Christmas for carol singing.