

Manor Care Home Limited

Manor Care Home - Middlewich

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Manor Care Home - Middlewich is a residential care home registered to provide personal care and accommodation for up to 44 people aged 65 and over. There were 40 people living at the home at the time of this inspection.

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

People did not receive their medicines safely and as prescribed. Some people had not been given their medicines because they were out of stock and one person had been given the wrong dose of a blood thinner. Medicines rounds were not always completed in a timely manner, which meant people did not receive their time-critical medicines when they needed them. The provider's quality assurance processes to monitor the safety and quality of medicines administration were ineffective.

The provider did not have effective systems in place to monitor, assess and improve the quality and safety of service being provided. Quality assurance processes and records relating to this had not been properly maintained since our last inspection. The quality and accuracy of record keeping at the home was also inconsistent.

People said they felt there were enough staff. One person said "Always lots of staff around. I do most things for myself but they are quick when I need them." Staff were visible around the home during our inspection and any call bells were answered promptly. Staffing levels were planned to meet people's needs and the provider confirmed this considered the individual layout of the building. Staff were safely recruited, ensuring new staff were suitable to work with vulnerable adults.

People said they felt safe living at the home. One person said, "I do feel safe. Staff always check if I'm ok and I can say if I'm unhappy." Staff had received safeguarding training and understood their role in recognising and reporting safeguarding concerns.

The home was clean and hygienic. Enhanced cleaning schedules were in place and cleaning products had been reviewed and amended in response to COVID-19. Staff followed the relevant guidance and best practice in relation to infection prevention and control. The home had a COVID-19 testing programme in place for people living at the home and staff. Staff and people living at the home had been supported to access COVID-19 vaccinations.

There was a caring and supportive culture amongst staff at the home. People appeared happy and comfortable. People living at the home and their relatives spoke positively about the staff. One relative commented, "Staff go above and beyond, they have a genuinely caring nature and treat people like family." Staff were familiar with and knowledgeable about the people they were supporting.

People and their relatives said staff involved them in decisions about their care and kept them updated

about any changes. One relative said, "I'm involved in all care plan reviews, staff are on top of all [Relative's] needs."

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 26 January 2021).

Why we inspected

We received concerns in relation to staffing levels, the management of medicines and governance. 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.

The overall rating for the service has changed to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Manor Care Home - Middlewich

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and a medicines inspector.

Service and service type

Manor Care Home - Middlewich 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.

The service did not have a manager registered with CQC as the previous manager had recently left. A manager from one of the provider's other services was acting as interim manager. A new manager had been recruited and was due to start in their role a month after our inspection. This means the provider is 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 checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who lived at the service and three relatives about their experience of the care provided. We spoke with 11 members of staff including the registered provider, manager, deputy manager, carers and other staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

Using medicines safely

- People did not receive their medicines safely and as prescribed. Some people had not been given their medicines because they were out of stock and one person had been given the wrong dose of a blood thinner.
- Medicines rounds were not always completed in a timely manner. On the day of our inspection the morning medication round was not completed until lunchtime. This meant people did not receive their time-critical medicines when they needed them.
- The temperature of the medicines fridge was not appropriately monitored and maintained. This meant there was a risk the medicines stored in the fridge were not effective.
- Staff had received training on medicines administration and had completed competency checks. However, we were not assured of the efficacy of their training and competency checks given the issues we identified in medicines management.
- The provider's quality assurance processes to monitor the safety and quality of medicines administration were ineffective, as the widespread issues we found during this inspection had not been identified.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all people's medicines were reviewed to ensure all prescribed medicines were available, timings of medicines rounds had been amended and time-critical medicines prioritised, additional training for staff and seeking further professional advice from the local medicines management team.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and people's care plans gave staff the basic information needed to care for them safely. The quality and frequency at which these records were reviewed was inconsistent and required improvement.
- The environment was generally well-maintained. Some parts of the premises, particularly in the older part of the building, needed repair and/or redecoration.
- Regular safety checks were carried out on utilities and equipment and fire safety was effectively managed.

Staffing and recruitment

- There were enough staff available to meet people's needs. People said they felt there were enough staff. Comments included, "Staff are always there when I need them", "Always lots of staff around. I do most things for myself but they are quick when I need them" and "I do use my buzzer and staff do come quickly."
- During our inspection staff were visible around the home and any call bells were answered promptly.
- Staffing levels were planned and met people's needs at the home. The provider confirmed the layout of the building was considered and staffing levels were adjusted accordingly.
- The provider acknowledged the home had experienced staffing challenges in the past couple of months due to short notice sickness and limited agency staff availability. However, the situation had improved with ongoing staff recruitment and the support of a manager from another service who was familiar with the home.
- Staff told us staffing levels had improved in the past month and had no concerns about this.
- Staff were safely recruited. Appropriate checks were carried out to ensure new staff were suitable to work with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the home. Comments included, "I do feel safe. Staff always check if I'm ok and I can say if I'm unhappy" and "I'm safe and happy here, the staff are very friendly."
- Staff had received safeguarding training and understood their role in recognising and reporting safeguarding concerns.
- Information and guidance about how to raise safeguarding concerns was displayed in various places at the home and there were systems in place to appropriately manage any concerns raised.

Learning lessons when things go wrong

- Accidents and incidents were effectively recorded, responded to and reviewed by staff.
- The provider had systems in place to record and review accidents and incidents that occurred to ensure staff had taken appropriate action and lessons were learned.
- Relevant policies and procedures were in place to help guide staff.

Preventing and controlling infection

- The home was clean and hygienic. Enhanced cleaning schedules were in place and cleaning products had been reviewed and amended in response to COVID-19.
- Staff followed the relevant guidance and best practice in relation to infection prevention and control. Staff wore the required personal protective equipment (PPE) and disposed of used PPE safely.
- Staff had received refresher training on infection prevention and control practice, including the use of PPE.
- The home had a COVID-19 testing programme in place for people living at the home and staff.
- Staff and people living at the home had been supported to access COVID-19 vaccinations.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider did not have effective systems in place to monitor, assess and improve the quality and safety of service being provided. For example, the widespread issues we found relating to medicines management had not been identified.
- Quality assurance processes and records relating to this had not been properly maintained since our last inspection.
- The quality and accuracy of record keeping at the home was inconsistent. For example, records relating to personal care were not always completed and there was a confusing mixture of electronic and paper-based records.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed an auditing review schedule had been introduced to ensure all regular quality assurance processes were being maintained and the new senior management team at the home had responsibility for making improvements in this area.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- There was a caring and supportive culture amongst staff at the home. People appeared happy and comfortable at the home.
- People living at the home and their relatives spoke positively about the staff. Comments included, "The staff are lovely, very friendly" and "Staff go above and beyond, they have a genuinely caring nature and treat people like family."
- Staff were familiar with and knowledgeable about the people they were supporting.
- The provider and senior staff at the service understood their responsibilities regarding the duty of candour and promoted openness and transparency within the service.

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

- Ratings from the last CQC inspection were clearly displayed within the home as required.
- CQC had been notified of all significant events which had occurred, in line with the registered provider's legal obligations.
- There was a range of regularly reviewed policies and procedures in place to help guide staff.

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

- People and their relatives said staff involved them in decisions about their care and kept them updated about any changes. Comments included, "The staff are fantastic, very kind and always have time to answer questions", "Staff check everything is ok with us every time we visit, they always keep us updated" and "I'm involved in all care plan reviews, staff are on top of all [Relative's] needs."
- People and their relatives told us they were able to give feedback about their care in regular conversations with staff and via satisfaction questionnaires. One person said, "Staff do listen to us, any issues and they update us. I feel they are very open and transparent with their communication."
- Staff told us they felt well-supported by senior staff and the recent changes in management had been positive.

Working in partnership with others

- Staff worked effectively and in partnership with other health and social care professionals to ensure people's health and wellbeing was maintained. One visiting professional commented, "Staff ask for advice and follow it when needed. I feel people are safe and well-cared for here."
- Staff engaged with organisations and professionals who could provide them with additional support and guidance regarding COVID-19, such as the local authority and local infection prevention and control team.

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 The provider failed to ensure people received their medicines safely and as prescribed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to monitor, assess and improve the quality and safety of service being provided.