

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. The service is divided into four units, but at the time of the inspection one unit, Beech, was being operated by the Clinical Commissioning Group (CCG). At the time of our inspection 81 people were living in the service's three other units.

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

During this inspection we found the provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. There were also systems in place to identify and mitigate risks. Medicines were managed and administered safely.

The provider had an infection prevention and control procedure in place and staff had attended relevant training to help protect people from the risk of infection. Safe recruitment procedures were in place and there were enough staff to meet people's needs.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 09 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 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 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 team included three inspectors and a nurse specialist advisor. After the inspection an expert-by-experience contacted 14 relatives by phone for their feedback on the service. 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

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 did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the home's manager had submitted an application to the Care Quality Commission to become the registered manager.

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 two people who used the service about their experience of the care provided. We spoke with eleven members of staff including the regional director, home manager, clinical lead, team leaders and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two 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.

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.

Using medicines safely

At our last inspection we found medicines had not always been managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home maintained a controlled drug (CD) register. The stock level in the cabinet corresponded with the balance recorded in the CD register. The CD levels were checked and two signatures recorded for every entry. There was also weekly check and audit of the CD. We did however, find a recording error of a controlled drug which went unnoticed for two days before being corrected. This did not impact on the person receiving the medicine as they received the correct dose each time and there was enough medicine available to the person.
- At the last inspection we found one person's medicines administration record (MAR) did not have instructions for when to take a time sensitive medicine. During this inspection we saw the staff were knowledgeable about medicines which were required to be given at specific times for conditions such as Parkinson's disease, diabetes, osteoporosis and peptic ulcers. For example, the MAR for a person with Parkinson's disease recorded the specific times to administer their medicine and we observed medicines being given at the prescribed time during the medicines round in the morning.
- At the last inspection one person's care plan lacked information about how their signs and level of pain were to be monitored. At this inspection, we saw the staff were using the Abbey Pain Scale which is a recognised tool to measure people's level of pain.
- The provider had medicines policies in place. There was a robust process for ordering medicines. The records confirmed that all medicines received from the pharmacy had been checked for accuracy and corresponded to the prescription. Medicines were stored securely to prevent unauthorised access and were also disposed of appropriately.
- Medicines care plans had clear guidelines for administering medicines including managing as required (PRN) medicines.
- There was an up to date list of staff who had undertaken competency testing to administer medicines safely. The provider had a medicines champion who we observed to be knowledgeable.
- The provider undertook medicines audits to help ensure medicines were administered and managed safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe in the service. One person said, "[It's a] home from home. It feels safe here. The nurses are very good. No hassle or trouble here."
- The provider had up to date policies and procedures for safeguarding and whistleblowing.
- Staff had relevant training, so they understood how to recognise and report abuse.
- The provider had systems for reporting and investigating suspected abuse. Safeguarding concerns were raised appropriately with CQC and the local authority to help protect people from further harm. The provider kept a log of safeguarding incidents and there was a record of outcomes and the lessons learned to try to prevent the situation repeating itself.

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans. These included risks relating to mobility, falls, weight, skin integrity and visiting during the pandemic.
- Risk management plans provided guidelines for how to minimise risks and help keep people safe. Risk management plans were updated each month or when required and appropriate referrals were made, for example, to the dietician and tissue viability nurse. Risk management guidance was reflected in people's care plans which meant staff had relevant information to help mitigate risks to people's health and wellbeing.
- Fire safety equipment was regularly tested. Personal emergency evacuation plans (PEEPs) provided clear guidelines for how each person should be evacuated and what assistance was required to help ensure people could evacuate safely in an emergency.
- The provider completed checks with action plans to help ensure the environment was well maintained and action was taken when risks had been identified.

Staffing and recruitment

- Safe recruitment procedures were in place and implemented 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.
- The provider blocked booked agency for eight weeks at a time to minimise movement between services and cross infection. All agency staff were tested weekly in accordance with the provider's policy. The manager told us they were continuing to recruit permanent staff to minimise the use of agency staff.
- The provider used a dependency tool to calculate the amount of staff required to meet people's needs and staffing levels were reviewed as part of the provider's quality framework assessment. We observed there were enough staff on duty to meet people's needs and keep them safe.

Preventing and controlling infection

- The provider had an infection control policy and procedure in place to help protect people from the risk of infection. Staff had attended training on infection control.
- There were a number of extra and/or updated documents around the coronavirus to help keep people safe. These included a policy around managing COVID-19, admissions to the service and visitors to the service. We saw information translated into different languages with internet links that provided further information.
- The provider had a general risk assessment for personal protective equipment and staff had attended appropriate training. We saw staff wearing personal protective equipment (PPE) appropriately, with the exception of one staff member who was wearing their mask under their nose. We advised the manager of this who said they would take action and speak with the staff member.
- Staff and people using the service had risk assessments and risk management plans to help mitigate the risk of infection.

- All the units had cleaning schedules in place and these were up to date. They included touch point cleaning several times a day, general cleaning of floors, bathrooms and toilets, and kitchen equipment and surfaces. Disinfection templates were used in the kitchen and the laundry. Night staff had their own cleaning schedules. All cleaning schedules were checked daily by the unit managers to help ensure a clean and safe environment.

Learning lessons when things go wrong

- The provider had systems for learning lessons when things went wrong. For example, all incidents, accidents and near miss incidents were recorded and passed to senior managers for their review.
- They regularly analysed these reports to identify any trends and to determine what could be done differently in the future to help minimise the risk of harm to people. This information was provided to staff and discussed in group meetings on how to help mitigate risk in a safe manner.

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 now improved to good.

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

Continuous learning and improving care

At our last inspection we found systems were not used effectively to monitor service delivery. This included medicines management and competency testing to ensure medicines were managed safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were systems for monitoring and improving the quality of care. The provider had a number of audits and a daily information sharing meeting with senior staff to identify areas of concern. Audits included care plans, meal service, nutrition and a quarterly health and safety audit. The clinical lead completed a daily walk around and a weekly audit to monitor infection control practices. When the need for improvement was identified, they meet with the unit managers to discuss areas for improvement who then went through the issues with staff.
- Incidents and accidents were monitored to reduce their likelihood in the future.
- An overall quality metrics report for all managers included pressure ulcers, nutrition, medicines, safeguarding referrals, accidents, Deprivation of Liberty Safeguards (DoLS) authorisations, complaints and infection control. This report had an action summary and was used to monitor and improve service delivery.
- There was also a monthly audit of the records and reasons other professionals visited such as the GP, speech and language therapist, dietician and dentist. This provided an overview of what the issues were against specific indicators, for example, weight loss and pressure sores and recorded future preventive measures such as weight monitoring and early warning markers used to inform the GP.

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

- People were generally satisfied with the care provided. One person said, "Staff are very helpful. [I have] never had a problem of any kind here. If had a concern, I would ask one of the nurses to take me to the manager. I think it is very well run." Another person said, "[I] like living here because the food is good and staff are very nice." Relatives told us, "The staff are very good people, very loyal and caring", "If I want anything, any information, they're very good. My [relative] is very comfortable in the home and we can see

them on window visits."

- Staff told us they felt supported. Comments included, "I feel well supported in my role", "The new manager is very supportive" and "[The manager] is very good. [They] listen very well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had policies and procedures in place which were regularly reviewed and updated. This included policies on complaints and acting on their duty of candour.
- The provider responded to complaints and kept relevant stakeholders informed when something was wrong.

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

- The manager and staff team understood their roles and had a clear management structure. The manager had appropriate skills and experience and had made an application to CQC to become the registered manager. They kept up to date with current practice through organisational alerts and attending external meetings such as provider forums.
- There was a range of policies and procedures to help ensure staff were provided with appropriate guidance to meet the needs of people.
- Care plans were discussed at clinical risk meetings with action plan if required.
- The provider had processes to monitor the quality of services provided in the home and make improvements as required.
- The provider notified CQC of significant events. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

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

- Relatives said there had been window visits to people during the pandemic. They also said prior to the pandemic there had been monthly relatives' meetings for which they received minutes. Since the pandemic, they had been receiving general information letters from Bupa. Some relatives said they rang the units directly to get information about their relative.
- The provider had regular team meetings to share information and give staff the opportunity to raise any issues.
- The provider also received feedback through annual surveys that people were asked to complete about their experience of the service. This information contributed to the provider's quality improvement plan which included actions and updates.

Working in partnership with others

- We saw evidence the provider worked with other professionals including tissue viability nurses, the dietician, the GP and the local authority to plan and deliver effective care and support that met people's needs.