

T.L. Care Limited

# Mandale Care Home

## 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

Mandale Care Home is a residential care home providing personal care to up to 57 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 38 people using the service. People were supported in an adapted building across 2 floors.

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

People were not always safe and protected from the risk of avoidable harm and abuse. Staff had failed to take appropriate action following a number of safeguarding incidents. The provider commenced an investigation and put systems in place immediately following our feedback, to minimise the chance of reoccurrence. Risks to people were not always robustly assessed, monitored or managed. The provider addressed this following our feedback.

Staff had not escalated safeguarding concerns to the registered manager, and the registered manager did not have oversight of all serious incidents which occurred within the home. Not all appropriate actions had been taken when things went wrong. Not all important incidents had been reported to CQC.

Some staff required refresher training in some areas. The provider had identified this and put a training schedule in place. We have made a recommendation about training.

Health and safety checks were in place and up to date. There were enough staff to support people and recruitment was ongoing. Safe recruitment procedures were in place. Medicines were managed safely. Suitable infection control procedures were in place.

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 engaged well with other professionals and made timely referrals. The provider gathered feedback from people, relatives and staff. The registered manager was approachable and operated an open-door policy. Relatives spoke positively about the home and said they would recommend it to others.

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

The last rating for this service was good (published 19 July 2019).

### Why we inspected

We received concerns in relation to the environment, staffing, record keeping and the quality of care people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led

only.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

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 COVID-19 and other infection outbreaks effectively

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. 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.

Following the inspection, the provider took action to mitigate the risks and issues identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mandale Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to safeguarding and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have made a recommendation in relation to staff training.

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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** ●

# Mandale 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 Health and Social Care Act 2008.

#### Inspection team

2 inspectors and an Expert by Experience carried out the inspection. 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

Mandale Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mandale Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was due to leave shortly, and a new manager had been recruited.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 January 2023 and ended on 7 February 2023. We visited the service on 26 January 2023.

### 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 professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with 4 people who used the service and 10 relatives about their experience of the care provided. We spoke with and received feedback from 12 members of staff including the registered manager, the regional manager, the operations director, the quality manager, 2 senior care workers and 4 assistant care workers, 1 administrator and 1 domestic assistant.

We reviewed a range of records. This included 5 people's care records, 3 staff recruitment files and multiple medication records. A variety of documents relating to the management of the service, including policies, audits and training records, 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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- People were not always safe and protected from the risk of avoidable harm and abuse. One person expressed their emotional reactions by exhibiting signs of distress and frustration towards staff and other people who used the service. Staff had liaised with other professionals and were recording the incidents but had failed to take appropriate action to minimise the risk of harm.
- Staff had failed to fully assess the risks posed by these incidents and failed to take steps to manage and minimise the risk of reoccurrence to ensure the safety of others. Staff and people who used the service had been impacted by the reoccurrence of incidents.
- Staff had failed to recognise the seriousness of the incidents and had failed to escalate the incidents to the registered manager. The registered manager did not have oversight of the records of the incidents.
- Staff had not followed safeguarding procedures in respect of the incidents. The incidents had not been referred to the local authority safeguarding team, the police, or CQC.

This failure to have in place effective systems and procedures to protect people from abuse and to prevent, identify and report abuse was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediately following the inspection, the provider commenced an investigation into the concerns raised. The provider and registered manager immediately submitted referrals to the local authority safeguarding team, contacted the police and submitted notifications to CQC. The registered manager implemented a robust system to ensure they had oversight of all future incidents in the service.
- The provider implemented a behaviour management plan to provide staff with more prescriptive support. The provider carried out de-brief sessions with staff members to support wellbeing and lessons learnt. Training was arranged for all relevant staff members.
- People told us they liked the home and they liked the staff. Kind and caring interactions between staff and people were observed.

Assessing risk, safety monitoring and management

- Risks to people were not always robustly assessed, monitored and managed. People's care and support plans did not always contain complete information to help staff support them safely.
- For example, one person received oxygen therapy. There was insufficient information in their support plan around the risks posed by this treatment and how staff were to safely manage this.

Systems and processes were either not in place or not robust enough to demonstrate safety was always

effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Health and safety checks were in place and up to date. Staff had received fire training and had completed fire drills.
- If someone had a fall, staff dealt with this safely and appropriately. One relative told us, "The staff are monitoring my relative and putting plans in place to reduce their fall risks which reassures me that my relative is safe here."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- Staff generally were suitably competent to care for people. However, some staff required refresher training in mandatory areas such as moving and handling. The number of staff who had received training in some additional areas, such as first aid, was low. The provider had identified this, and a training schedule was in place. Staff had not always received specific training in respect of the needs of some of the people using the service, such as mental health and oxygen therapy.

We recommend the provider reviews staff training, and arranges additional staff training, so they are assured they have sufficiently trained staff on duty, at any given time, to safely care for people and meet their needs.

- There were enough staff to meet people's needs, although staff and relatives told us staff were sometimes rushed. There were a number of staff vacancies, but the registered manager ensured all shifts were covered. The provider was actively using a variety of methods and initiatives to recruit more staff.
- The provider had safe recruitment procedures in place. Appropriate pre-employment checks were completed to ensure the workforce was suitable to work with vulnerable people. Where agency staff were used, appropriate checks were in place and inductions were completed.

#### Using medicines safely

- Medicines were managed safely. Medicines were stored securely, and people received their medicines as prescribed and at the right time. One person told us, "I get all my tablets, there is no problem there."
- People and relatives told us that creams and lotions were applied appropriately. This was not always reflected in the records for creams and lotions which contained some gaps. The provider had identified this recording issue and told us they were taking steps to address it.
- Protocols were in place for 'when required' medicines so staff knew when to administer them. Medicated patches were applied safely, and staff carried out daily checks to ensure the patches remained in place.



## Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service required redecorating and updating to ensure they could be cleaned effectively. A home improvement plan was in place.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting at the time of our inspection. One relative told us, "I can go in to see my relative whenever I want to which is really helpful."

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; continuous learning and improving care

- Staff were not clear about their role within safeguarding, as they had not escalated serious incidents to the registered manager. The registered manager did not have oversight of all serious incidents which occurred in the home.
- Quality assurance audits did not include a prompt for overseeing and reviewing behaviour charts. The provider amended the relevant audit following the inspection.
- Not all appropriate actions had been taken when things went wrong. Serious incidents were able to reoccur as risks had not been reassessed, incidents had not been escalated or reported appropriately, and measures had not been implemented to minimise and mitigate risk. Systems were not in place to identify these omissions.
- The service did not always comply with regulatory requirements. Services that provide health and social care are required to inform CQC of important events which happen in the service by submitting a 'notification'. During inspection we found the service had not informed us of several safeguarding concerns involving the same person.

The governance and quality monitoring of the service was not robust enough to ensure people were protected from the risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The failure to notify CQC of important incidents is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside of the inspection process.

- The provider addressed the issues identified immediately following the first day of the inspection. Relevant CQC notifications were submitted retrospectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff engaged well with other professionals. Medical attention was sought where appropriate. Timely referrals were made to health and social care services.
- Staff meetings had not been taking place in line with the provider's guidance. However, information was

shared with staff in daily handovers and flash meetings. One staff member told us, "Staff meetings are not very often, and we would benefit from more."

- The provider gathered feedback from people, relatives and staff using annual surveys. The registered manager also held meetings for people who used the service and relatives, where people were invited to discuss anything they wished.
- Relatives told us communication at the home was good. One relative told us, "The staff keep me updated on my relative's health and contact me if there are any issues."

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

- Staff told us that management operated an 'open-door' policy and they could speak with management when needed. One staff member told us, "I see the [registered manager] nearly every day, her doors are always open to hear from staff and she relates very well with members of staff."
- All relatives spoken with told us they would recommend the home. One relative told us, "I would recommend this home for the way my relative has been looked after by all the staff ever since they came here. I am very pleased with everything here."

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to have in place effective systems and procedures to protect people from abuse and to prevent, identify and report abuse.</p> <p>Regulation 13(1) - (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have robust systems and processes in place to demonstrate safety was always effectively managed.</p> <p>The governance and quality monitoring of the service was not robust enough to ensure people were protected from the risk of harm.</p> <p>Regulation 17(1) and (2)(a), (b), (c) and (f)</p>