

Countrywide Care Homes Limited

Manor Park Care Home

Inspection report

Leeds Road
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Tel: 01977604242

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26 April 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Manor Park is a residential care home that was providing personal and nursing care to 67 people aged 65 and over at the time of the inspection. There are three separate units within the home divided into nursing care, residential care and care for people living with dementia.

People's experience of using this service:

Medicines were not always managed safely which meant sometimes people did not receive their medicines as prescribed.

Staff were aware of risks to people however information about risks and how to manage them was inconsistent. People's care records varied; some provided detailed up-to date information about their needs, whereas others did not.

Oversight and auditing of the service needed to improve as issues we found had not been identified or addressed by the provider.

People told us they liked living at Manor Park and were happy with the care provided. Staff were compassionate, kind and caring and treated people with respect.

There were generally enough staff to meet people's needs and keep them safe, although staff were very busy at mealtimes on the nursing and dementia units. Staff understood how to recognise the signs of abuse and knew the processes to follow to manage any allegations of abuse.

Individual and group activities were available and people enjoyed spending time outside. People liked the meals and were provided with a choice of food and drinks. People's health care needs were well managed.

Recruitment processes ensured staff were suitable to work in the care service. Staff were well trained and supported by the management team.

The home was clean and well maintained. Staff understood and followed infection control procedures.

A complaints procedure was displayed. People and relatives knew how to raise concerns and were confident these would be dealt with appropriately.

People, relatives and staff praised the management of the home. The registered manager acknowledged some improvements were needed and was committed to making these happen. Following the inspection the registered manager sent us updates of the action they had taken in response to our feedback.

More information is in the full report.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance.

Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (report published 27 April 2018).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection. At the last inspection, we asked the provider to take action to make improvements to nutrition and activities, and this action has been completed.

Follow up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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

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 effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive 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 Park 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

On 17 April 2019 two inspectors, an assistant inspector 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. On 26 April 2019 two inspectors returned to complete the inspection.

Service and service type:

Manor Park 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. Manor Park Care Home can accommodate up to 75 people across three separate units. There were two units on the ground floor one providing personal care; the other providing nursing care for people living with dementia. The upstairs unit provided nursing care.

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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in February 2018. This included details about incidents the provider must notify us about. We asked the provider to complete a Provider Information Return (PIR) prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and

improvements they plan to make. We also sought feedback from the local authority safeguarding and contracting teams.

We spoke with seven people who used the service and eight relatives to gain their views on the care provided. We spoke with the registered manager, the quality manager, four nurses, two unit managers, a care practitioner, five care staff, the cook, and the activity organiser.

We reviewed a range of records including ten people's care records. We looked at three staff recruitment files, staff training records, accident, incident and complaint reports, documents relating to the management of medicines and quality monitoring records.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely

- Medicines were not always managed safely.
- People did not always receive their medicines as prescribed as supplies had run out and this was not followed up in a timely way. For example, one person was prescribed a medicine to be given twice a day and this medicine had been out of stock for five days. Another person was prescribed a medicine to be given daily to relieve severe pain and this had been out of stock for three days.
- The registered manager was aware medicines were running out of stock, had raised this with the supplying pharmacy in March 2019 and advised the home was changing to a new pharmacy supplier at the end of May 2019. However, no effective action had been taken in the interim period to ensure people had the medicines they required.
- Safe procedures were not always followed by staff when administering controlled drugs. Before administering the medicine two staff should measure and check the dose and sign the controlled drug register after verifying the remaining balance is correct. On two occasions the controlled drug register had only been signed by one staff member.
- People did not always receive their medicines at the specific times stated even though this was important to make sure the medicine was effective. One person was prescribed two medicines, one of the medicines could only be given three hours before or after the other medicine. On one occasion this direction was not followed.
- Staff responsible for administering medicines gave conflicting information when asked if anyone had their medicines given covertly (hidden in food or drink). This put people at risk of being given their medicines in an unsafe and inconsistent way.
- Following the inspection the registered manager told us of action they had taken to address these issues.

The lack of effective medicine management systems meant people were at risk of unsafe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely and securely.

Assessing risk, safety monitoring and management

- Risks to people were recorded, identified and assessed. Staff were aware of these risks although written information about how to manage them was sometimes conflicting and confusing. For example, one person's care records stated they had a normal diet, yet the handover notes stated they required a diabetic diet. Another person's care records showed they were diabetic and required a soft mashable diet, yet the information board in the staff office stated they had a normal diet.

- Similarly there was contradictory information about the amount of thickener people required in their drinks. People who have swallowing difficulties are prescribed thickeners to ensure drinks are at the right consistency for them. Giving drinks that are not thickened to the correct consistency places people at risk of choking or aspiration.
- One person's care records showed they were at very high risk of dehydration. Staff were required to encourage the person to drink a total of at least two litres of fluid daily. Fluid intake charts showed these targets were not being reached and there were gaps of many hours where no fluid intake was recorded. The registered manager told us the person was not at risk of dehydration and said the risk assessment documentation needed reviewing as it identified people as being high risk when they were not.
- Equipment and the environment was safe and well maintained. However, there had been a delay in completing safety improvements required to fire doors. The works had been identified in July 2018 but had not been completed when we inspected. Following the inspection the registered manager took action to make sure this was done.

A lack of consistent records around risk management meant people were at risk of unsafe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received fire safety training and taken part in fire drills so they knew how to respond in the event of a fire. Evacuation plans were in place to ensure people received the support they needed in an emergency situation.

Staffing and recruitment

- Staffing levels were calculated according to people's dependencies and the registered manager kept this under review.
- There were mixed views on whether there were enough staff on all the units. People told us staff responded promptly most of the time, but also said, "Night time is a bit short, sometimes the day time" and "Sometimes they are a bit lean, not all the time".
- Staff said staffing levels had improved and the consensus was there were usually enough staff. One staff member said, "Yes, I think it's really good for staffing. Everything gets done. It's not too much pressure. You have enough time to do cares to a good standard and things like that."
- Our observations showed staff were available and responsive to people's needs and worked well together as a team. However, staff were very busy during mealtimes on the nursing and dementia units due to the number of people who required assistance with eating and drinking. The registered manager said they would look into this.
- Staff were recruited safely with all required checks completed before they started in post.

Preventing and controlling infection

- Infection control was managed well.
- Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately
- The home was clean and people told us good standards of cleanliness were maintained.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home.
- Staff had received safeguarding training and understood how to recognise abuse and protect people from the risk of abuse.
- A system was in place to record and monitor any incidents and appropriate referrals had been made to the local authority safeguarding team. Concerns and allegations were acted on to make sure people were

protected from harm.

Learning lessons when things go wrong

- The registered manager analysed accident and incident reports for themes or trends and looked at what lessons could be learned to prevent it happening again. We saw actions had been taken to reduce any risks and keep people safe.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection on 14 February 2018, we asked the provider to take action to make improvements in meeting people's nutritional needs and this action has been completed.

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

- People were provided with a choice of food and drinks which met their needs and preferences.
- The cook had a good understanding of dietary needs and ensured there was plenty of fresh fruit and vegetables available for people, as well as fortifying food where people were at risk of malnutrition.
- At mealtimes staff offered people a choice and provided them with the support they needed to eat and drink. There were differences on the units; on the residential and nursing units mealtimes were calm and well organised, however this was not the case on the dementia unit. People were served at different times and one person became very impatient and cross with staff. Some people got up and walked away and staff intervened to try to encourage them to eat. Staff did not keep a list of who had their meal or what they had eaten, although this was put in place when we raised it.
- Drinks and snacks, including cakes and milkshakes, were available in between meals. However, on the dementia unit people were not always provided with drinks before breakfast, which was different from the other two units where people had drinks available to them.
- People's weight was monitored for any changes and appropriate action had been taken to address any nutritional concerns.

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

- The registered manager assessed people's needs before they moved into the home to ensure the service had the resources and skills to meet individual requirements.
- People's needs were kept under review to ensure the care they received met their choices and preferences

Staff support: induction, training, skills and experience

- People told us they thought staff were well trained and said, "They seem to know what they are doing" and "Some are well trained, some are new and need to get used to the job. Most are good."
- New staff completed induction training and shadowed more experienced staff before working independently. One staff member said, "It [the induction] was good and told me everything I needed to know."
- Staff said their training was comprehensive and kept up to date and this was confirmed in the training records we reviewed.
- The provider encouraged and supported staff to develop. For example, some care staff had completed six months clinical training to become care practitioners, an accredited qualification which meant they could

lead and direct care.

- Staff felt well supported and confirmed they received regular supervision and annual appraisals.

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

- Handover meetings between shifts gave staff opportunities to discuss people's care and informed them of any changes. One staff member said, "Yes, they [handovers] are useful. You need to know what has gone on through the night. Night staff need to know what has gone on through the day. We have handover sheets."
- On the nursing and residential units handovers took place in the office, however on the dementia unit the handover was given in the dining room where people were sitting and could clearly hear what was being said.
- People were supported to access support from healthcare services. They said they received regular visits from healthcare professionals such as the GP, community matrons, chiropodist and optician and this was confirmed in care records we reviewed.

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

- Some adaptations had been made to the environment to make it easier for people to find their way around. People's names were on their bedroom doors and there were signs on bathroom and toilet doors. However, lounges and dining rooms were not clearly signposted.
- On the dementia unit people's bedroom doors were not locked so anyone could and did walk in and some toilet/bathroom doors were locked so people could not gain access independently.

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

- The 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service was working within the principles of the MCA.
- The registered manager had systems in place to monitor and keep track of DoLS applications and authorisations.
- We checked a condition on one person's DoLS authorisation and this was being met.
- Staff were aware of and had completed training in the MCA and DoLS.
- Where people lacked capacity to make a particular decision, capacity assessments and best interest decisions had been taken appropriately. Staff told us relevant people, such as social workers and relatives, had been involved in best interest discussions, however this was not reflected in the records.

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

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

- People told us they liked the staff and made the following comments, "They are wonderful" and "They are great and I get on well with them." We were with one person when a staff member attended, after they had left the person told us, "She's lovely she is, really lovely."
- Relatives also praised the staff. One relative said, "Staff are lovely and seem to know my mum personally."
- Staff interaction was kind and patient. Staff offered reassurance when people became anxious. For example, one person was upset the lights were all switched on as they were worried about paying the electric bill and staff distracted them well. Another person was confused about where they were and staff gave a simple explanation, then spent time talking with the person about their family.
- Staff were very calm when under pressure. At lunchtime, one person upended their table and dropped their plate of food on the floor. Staff calmly cleared it up and promptly arranged a new meal, reassuring the person.
- Staff were compassionate and caring and attentive to people's needs. A member of staff knelt down beside a person who was in discomfort and asked them what was the matter. The person had difficulty communicating verbally and the member of staff established through observing cues and using gestures, the person had some pain in their legs. They said they would get the nurse and then gave the person reassurance the nurse was coming to look.
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were offered choices about their daily lives such as where they would like to spend time and what they would like to do.
- We saw staff explained to people what they were going to do and checked they were happy with this before proceeding.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with respect. One person said, "They [staff] knock on the door and ask to come in, introduce themselves and say what they are going to do."
- Overall people's privacy was maintained by staff. However, improvements were needed on the dementia unit where some people often went into other people's bedrooms which were unlocked. We saw one person lying on another person's bed for a couple of hours. People did not have keys to lock their bedroom doors and an assumption had been made that people did not have the capacity, although no capacity

assessments had been completed for this decision. The registered manager told us they would take action to address this.

- Staff were discreet when people's dignity was compromised. For example, one person tried to remove their clothing at lunchtime and staff quickly intervened and supported the person to go to their room.
- People were supported to maintain relationships with friends and relatives. One person said, "I have got two sons and a daughter. No restrictions on them visiting at all." Relatives told us they could visit at any time and were always made to feel welcome.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met. □

At the last inspection on 14 February 2018, we asked the provider to take action to make improvements to activities, and this action has been completed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- □ People were happy with the care they received.
- □ Care records were variable; some provided detailed person-centred information about people's needs and preferences, whereas information in others was not up to date or was inconsistent.
- □ One person's nutrition care plan stated in one part they required a soft mashable diet, yet another section said a pureed diet, one part stated to weigh the person monthly, another part stated weekly. The care plan showed the person's pressure relieving mattress was to be set according to their weight. Their weight was 54.8kgs, yet the mattress was set to over 100kgs. When we told the nurse they set the mattress to the correct level. The registered manager acknowledged some care records needed to improve.
- □ People and relatives told us they were not involved in care planning and there was no evidence of this in the care records we reviewed. However, following the inspection the registered manager sent us copies of letters they had sent to families in September 2018 and March 2019 inviting them to take part in the care planning process.
- □ The provider employed three activity organisers who provided individual one to one support as well as group activities. Weekly activities were displayed throughout the home including arts and crafts and movie afternoons as well as visiting entertainers. A Mad Hatters Tea Party was one of many events planned for Easter.
- □ People told us there were activities taking place if they wanted to join in. One person told us they enjoyed, "Painting, playing dominoes and making baskets."
- □ We saw people enjoyed walking with staff in the garden, while others were painting teapots. Several people took part in a bingo session with much chat and laughter about the prizes.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the home.
- People and relatives said they had no complaints but were confident if they raised any issues these would be dealt with appropriately by the registered manager. One person said, "If I was going to complain, I would go to the boss [registered manager] and she would listen."
- Records showed complaints received had been investigated and the complainants informed of the outcome.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.

- A visitor whose relative had died in the home in the last 12 months said, "The care was excellent, couldn't have been better. The staff are all brilliant and I still come in to see them. The number of staff who attended [relative's] funeral says everything. I'd give them top marks!"

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At the last inspection we found the standards of care provided on the nursing and residential units was not as good as on the dementia unit. Yet at this inspection we found the shortfalls were predominately on the dementia unit. This demonstrated a lack of consistency in the standards of care and support provided in the home.
- The service had a registered manager who had been in post since May 2018. Each unit also had a unit manager, although there was a vacancy on the dementia unit with a new unit manager due to start in early May 2019.
- Quality audits were in place however these were not always effective at identifying and addressing issues. For example, we found shortfalls in relation to record keeping, medicines and risk management.
- The registered manager recognised improvements were needed in these areas and following the inspection sent through information to show the action they were taking to address them.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and relatives spoke positively about the registered manager and thought the home was well run.
- Staff said they enjoyed working at the home and felt well supported by the registered manager. Comments included, "[The registered manager's] door is always open. She's always at the end of the phone. There's nothing I wouldn't go to her with" and "I have recommended it to people. The staff are all friendly. I felt welcomed when I started. If you need to know anything, you're not shamed for asking questions. If you've got any concerns, they'll take it seriously."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had submitted notifications about events they are required to inform CQC about.

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

- The provider held regular meetings with people, relatives and staff to keep them informed of any developments and to gain their feedback on all aspects of the service.
- Surveys were sent out annually to people, relatives, staff and health and social care professionals to gain their views of the service.

Working in partnership with others

- The provider and registered manager continued to work in close partnership with other agencies, such as the local authority and clinical commissioning group (CCG), to secure improvements for people living in the home. Links had also been forged with visiting health and social care professionals.

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 |
| Treatment of disease, disorder or injury | People's medicines were not managed safely and risks to people were not identified, assessed and managed consistently. Regulation 12 (1)(2)(a)(g) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Quality assurance systems were not effective in identifying and resolving issues. People did not always have accurate, complete and contemporaneous records. Regulation 17 (1)(2)(a)(b)(c) |