

Raynsford Limited

Manchester Court

Inspection report

77 Clarence Street
Cheltenham
Gloucestershire
GL50 3LB

Tel: 01242523510

Date of inspection visit:
04 May 2021
11 May 2021

Date of publication:
02 July 2021

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

Manchester Court is a care home that provides accommodation and personal care for up to 20 adults who are living with a mental health condition in one adapted building. At the time of the inspection 14 people were living at the service.

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

There was an inconsistent approach to the management of risks associated with choking, falling and the management of people's medicines.

We were partially assured with some aspects of IPC practice in response to the pandemic. However we have signposted the registered manager to relevant guidance.

The provider's audit system had not always identified all shortfalls in quality and risks to people using the service.

We found all required staff recruitment checks had not been completed on staff, before they delivered people's care. We made a recommendation to support good recruitment practice.

People were protected from harm and abuse through the knowledge of staff and management.

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

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a Coroner's investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of choking. This inspection examined those risks.

We inspected and found there was a concern with the management of risks to people such as choking and falls, so we widened the scope of the inspection to become a focused inspection which included the key questions of Safe and Well-led

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. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manchester Court on our website at www.cqc.org.uk.

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 have identified breaches in relation to Safe care and treatment and Good governance.

We have made a recommendation about staff recruitment procedures.

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 ●

Manchester Court

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 two inspectors.

Service and service type

Manchester Court 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 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

This inspection was unannounced.

What we did before the inspection

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

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, the area manager, support workers and the cook..

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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. We looked at quality assurance records and policies and procedures.

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 now 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- People's risks in relation to choking and falling had not always been assessed and managed in accordance with the provider's policies.
- We found one person who was identified as at risk of choking and another person who staff were monitoring at mealtimes due to a potential risk of choking. Although people's risk of choking was known; for one person no risk assessment or care plan was in place to inform staff how to keep this person safe when eating and drinking. However, no referral had been made for both people to request an assessment by an appropriate health care professional as required by the provider's policy. Health care professional input was required to determine whether the measures in place were suitable and sufficient to control the risk of choking.
- One person had suffered a fall with a resulting injury and subsequently suffered another fall. However, they did not have a falls risk assessment in place to guide staff on managing the risk. Where people had falls risk assessments and suffered falls their risk assessments had not always been reviewed so that a record was available to show that the risk management measures in place still remained sufficient to reduce their risk of falling.
- Accidents and incidents were audited on a monthly basis to determine actions required and outcomes. However, the auditing process did not always identify and record when further action was needed to manage people's safety. One person had suffered an injury on a previous fall and had subsequently experienced another fall. However, the monthly audit of accidents and incidents did not record any action taken or the outcome.
- Appropriate records had not been maintained about the management of risks to people using the service.
- People's medicine records did not always support the safe administration of medicines. Some information on people's 'as required' medicine protocols did not match the information on their medicine administration record (MAR). We also found some people had two PRN protocols for the same medicine with different information. Some medicines such as creams and ointments prescribed on an 'as required' basis did not have PRN protocols in place or information about where on the person they should be applied. People may not receive their medicines safely and as prescribed as accurate information was not always available to staff. In addition, stock checks on medicines showed there were discrepancies with the stock levels of some medicines. At the time of our inspection visit these discrepancies had not been investigated to determine whether medicine administration errors had occurred.

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

- Medicines were stored securely with monitoring in place to ensure correct storage temperatures. Staff had received training and competency checks to support people with taking their medicines.
- People had personal emergency evacuation plans in place to guide staff in supporting them with any emergency evacuation of the building.
- A Legionella risk assessment was in place and action had been taken to minimise people's potential exposure to legionella bacteria.

Staffing and recruitment

- We found appropriate recruitment checks had not always been completed on staff, before they delivered people's care. We examined three staff files, one of these showed shortfalls with the staff recruitment procedures. Relevant checks had not been made where the applicant had previously worked with vulnerable adults. The provider was not following their own staff recruitment procedure in this respect. Other required checks such as criminal record and health checks had been carried out.

We recommend the provider follows their staff recruitment policy closely with regard to the link to the guidance relating to Fit and proper persons employed.

- There were sufficient numbers of staff to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected against abuse. People told us they felt safe living at Manchester Court. Staff received training on safeguarding adults and were aware of how to report any concerns.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Preventing and controlling infection

- We were partially assured that the provider was preventing visitors from catching and spreading infections. Although visitors were required to carry out a COVID-19 test and wear PPE there was no screening in place on arrival to check for potential symptoms of COVID-19. We will signpost the provider to relevant guidance.

- We were partially assured that the provider was using PPE effectively and safely.

We found some staff were not always wearing face coverings correctly. We discussed with the registered manager and found staff were wearing face coverings correctly during the rest of our visit.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

The premises was clean and had been recently refurbished and redecorated. However, one toilet did not have any handwashing facilities. Following our inspection the registered manager has confirmed hand sanitiser is available in the toilet for people to use.

- We were partially assured that the provider was meeting shielding and social distancing rules.

Although the registered manager understood the principles of isolation and social distancing. The environment of the care home was not suitable to support people to isolate in their rooms because of shared toilet and washing facilities. We also observed some people sat together at meal times which did not

support social distancing. We will signpost the provider to relevant guidance.

- We were partially assured that the provider's infection prevention and control policy was up to date. Although the providers infection control policy was up to date with reference to the current pandemic, the infection control audit in use had not been updated and did not include responses to the pandemic. We discussed this with the area manager who told us the audit tool would be updated.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

The latest inspection of food hygiene by the local authority in November 2019 had resulted in a score of four out of a possible five stars.

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 now 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.

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

- We found the provider's audit system had not always identified all shortfalls in quality and risks to people using the service. We identified shortfalls during this inspection that had not been identified by the provider's own internal audit system.
- Audit systems were in place including a monthly audit of accidents and incidents, a monthly quality audit and a monthly medicines audit. These audits had not identified risks to people from choking, falls and medicines had been safely managed.
- Systems had not identified that the service was not following its own policy for obtaining information prior to employment about the conduct of staff in previous care related positions.
- We were partially assured with some aspects of IPC practice in response to the pandemic. These had not been identified by the service's infection control audit which had not been updated in response to the pandemic.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to identify shortfalls in quality and risks to people using the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager was aware of the regulatory requirement to submit required notifications to support our ongoing monitoring of the service

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 was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- People using the service told us the registered manager was easy to approach if they had any issues describing them as "very good".
- Staff were positive about their roles and told us the registered manager was approachable.

- Regular staff meetings provided communication about the expectations of staff and enabled changes to people's needs to be discussed.

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

- The service was in the process of working with the local authority to move to a supported living service to increase the opportunities for people using the service to live more independently.
- The registered manager described how quality questionnaires had been sent to relatives of people using the service and staff with positive results.

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 People's risks in relation to choking, falling and medicines had not always been assessed and managed to ensure they received safe care. Regulation 12 (1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected against the risks associated from ineffective quality and risk monitoring of the service. Regulation 17 (2)(a)