

Maria Mallaband 16 Limited

Manorhey Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Manorhey Care Centre is a modern purpose-built care home. The building is fully accessible. Accommodation is provided over three floors. The ground floor is dedicated to caring for people living with dementia, nursing care is provided on the first floor, and residential care on the second floor.

Care and support was provided to 67 people at the time of this inspection. The service can support a maximum of 83 people.

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

Medicines were ordered, stored, administered and disposed of safely. Staffing levels were in line with current occupancy levels and based on people's assessed needs. There were effective systems to ensure people were protected from the risk of abuse. Records showed staff had received training in relation to safeguarding, and staff we spoke with confirmed they had received this training. We were assured staff were following safe infection prevention and control (IPC) procedures. Current government guidance was being followed to support visitors into the home, and to enable people to participate in visits outside the home.

Significant improvements had been made to the overall 'lived experience' for people living with dementia. The positive energy and enthusiasm of staff clearly had an equally positive affect on people in their care. Staff were caring and sought to ensure people were treated in a dignified and respectful way. Improvements had been made to create a more inclusive and supportive environment.

Consideration was given to people's likes, dislikes, interests and hobbies. The activities coordinator captured this information and then brought it to life through meaningful person-centred activities. Manorhey was accredited with the 'Six Steps' end of life care programme. This meant that wherever possible, staff were able to care for people who were nearing the end of life, in familiar surroundings, by people they knew well and could trust.

Leadership and management was effective. The registered manager led by example, creating and embedding a new culture and ethos, with clear direction and support provided to staff. Systems for audit, quality assurance and questioning of practice were greatly improved and operated effectively.

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 07 April 2020) and there were multiple breaches of regulation.

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 undertook this focused inspection to check the provider 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 of: Safe, Caring, Responsive 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.

We also 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

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Manorhey Care Centre

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 was carried out by two inspectors, a medicines inspector and an Expert by Experience. 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 Hey Care Centre 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 CQC. This means 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

We gave the service short notice of the inspection. This was so we could check the Covid-19 status before the inspection team entered the home.

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 the information the provider

sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three visiting relatives about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine members of staff including the registered manager, deputy manager, clinical lead, senior carers, care assistants and the activities coordinator. We also spoke with a representative of the provider partnership.

We reviewed a range of records included care plans, multiple medication records and a variety of records related to the management of the service.

After the inspection

We requested additional information to validate the evidence found during the onsite element of the inspection. We looked at recruitment records, premises safety certificates, staffing rotas, a dependency tool, and a range of audits.

Is the service safe?

Our findings

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

In January 2020 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 were not always 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

- People received their medicines and creams when they should. We saw medicine records were complete and we selected several medicines and controlled drugs and checked their stock and found it to be correct.
- People had person-centred guides for staff to follow when administering 'when required' medicines and medicines to be administered covertly, hidden in food or drink. Staff used additional tools to assess people's level of pain when necessary.
- Medicines administration systems were robust, well organised and regularly reviewed. An electronic administration system had been installed since the last inspection and the manager and deputy monitored medicines closely and actions were taken quickly to address any issues found. The service engaged with outside agencies to help the home continuously improve.

Staffing and recruitment

- The registered manager kept people's needs under review to ensure there were enough staff, with the right skills and experience to keep people safe and meet their needs. Manorhey is divided into three separate units over three separate floors. We reviewed staffing levels during the inspection to ensure people received a safe level of care.
- We observed staff had the time to spend with people individually. On the first floor the provider had increased staffing levels to ensure people's care was not compromised. Staff comments included, "Yes I feel we have enough staff" and "Staffing levels have improved, on my floor it has been increased."
- Staff were recruited safely. Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems to ensure people were protected from the risk of abuse. One person who lived at the home told us, "The vast majority of the staff are very, very good. They look after people very well here."
- When incidents of suspected abuse had occurred, the provider acted appropriately, making referrals to

external agencies as well as undertaking their own investigations where required.

- Records showed staff had received training in relation to safeguarding, and staff we spoke with confirmed they had received this training and knew how to recognise and report abuse.

Assessing risk, safety monitoring and management

- Equipment used by staff to promote people's health and welfare, for example pressure relieving mattresses, hoists and moving and handling equipment were maintained and used in line with manufactures' recommendations.
- Fire procedures and risk assessments were carried out and equipment for safely evacuating people in the event of an emergency were found on the stairwells of the home.

Learning lessons when things go wrong

- Analysis of accidents, incidents, safeguarding concerns and key aspects documenting people's care was undertaken monthly by the manager. Analysis of audits showed key information was accurately cross referenced across several documents, and any actions required undertaken.

Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures. Staff received training in IPC including those associated with COVID-19. Staff had access to adequate supplies of hand gel, personal protective equipment (PPE) such as gloves, masks and aprons.
- Visiting protocols were in line with national guidance. Staff and people who lived at the home participated in a regular testing programme for COVID-19.
- We observed staff using PPE in accordance with current PPE guidance. Staff had attended up to date internal and external training in relation to COVID-19, IPC and the donning and doffing (putting on and taking off) of PPE.
- Extra cleaning schedules were in place which included frequent cleaning of high touch points, such as door handles, handrails and light switches.
- The registered manager told us the provider organisation, the local authority and the NHS Clinical Commissioning Group provided good support. The registered manager ensured that staff and people who lived at the home were provided with emotional and practical support to assist them through the effects of the COVID-19 outbreak.

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.

In January 2020 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; ensuring people are well treated and supported; respecting equality and diversity

At our last inspection we found people were not always treated in a dignified and respectful way. This was a breach of Regulation 10 (Dignity and Respect) 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 10

- Significant improvements had been made to the overall 'lived experience' for people living with dementia. This was most prominent on the ground floor. A member of staff said, "The ground floor has changed so much, the changes have been fantastic and we're now trained in the right way." A visiting relative told us, "The staff are very responsive and we're very pleased with the home."
- The positive energy and enthusiasm of staff clearly had an equally positive affect on those around them. On the ground floor we observed people who used the service with big broad smiles, lots of laughter and multiple examples of very positive engagement taking place. Staff were caring and sought to ensure people were treated in a dignified and respectful way.
- The nurses office had been removed and the space transformed into a 'nursery' which supported evidenced-based doll therapy for people living with dementia. Two mini summer houses had been installed on the corridor, along with a bistro style café wall design with tables and chairs. These new additions supported positive engagement and were used to good effect by staff.

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

- The registered manager had sought to ensure people and their representatives remained involved and engaged throughout the period of COVID-19 restrictions. This included utilising platforms such as virtual meetings.
- Information about independent advocacy and support services was readily available within the home. An advocate is a person who is independent of the service and who can support people to share their views and wishes if they want support.

Is the service responsive?

Our findings

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

In January 2020 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection we found staff did not always engage with people in a meaningful, person-centred way. This was a breach of Regulation 9 (Person-centred care) 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 9

- Consideration was given to people's likes, dislikes, interests and hobbies. The activities coordinator captured this information and then brought it to life through meaningful person-centred activities. A visiting relative told us, "[Person] loves the bingo, she enjoys the food and the staff made a big fuss of her on her birthday."
- On the afternoon of our inspection, a visiting singer provided entertainment to people on the ground floor. The rock and roll songs were clearly very popular and well received by all. The majority of people were up dancing with staff, and people with limited mobility enthusiastically sat and played a variety of musical instruments. One visiting relative spoke with us and described that despite his mother living with vascular dementia, she remained physically very fit and how he had been delighted to visit one day to find his mother "Out of breath from dancing to music with the carers."
- People who spent the majority of their time being cared for in their rooms also received meaningful one-to-one time with an activity coordinator.
- The provider continued to use an integrated electronic care records system for managing and recording all aspects of care. Work was also ongoing to introduce new handheld devices which meant staff would be able to review and update records at the point of care.
- A system of 'resident of the day' continued to be used to good effect. This helped to ensure records were up-to-date and reviews/evaluations of care were done in a timely way.
- Current government guidance was being followed to support visitors into the home, and to enable people to participate in visits outside the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans were structured in such a way that captured people's individual communication needs. Systems were in place to ensure people could receive information in alternative formats.

End of life care and support

- Manorhey was accredited with the 'Six Steps' end of life care programme. This meant that wherever possible, staff were able to care for people who were nearing the end of life, in familiar surroundings, by people they knew well and could trust.
- We saw a number of positive and caring examples where good, holistic end of life care had been provided. For example, a visiting relative had commented to staff that it was shame their 'visiting slot' was nearly over. Staff gently reminded the relative that under these circumstances there were no restrictions on the time they could stay with their loved one which was greatly received. Staff also provided the relative with their lunch.

Improving care quality in response to complaints or concerns

- Complaints and concerns were handled effectively. Where a complaint had been made, appropriate records were maintained, and responses were in line with the providers own complaints policy.
- Regular overarching analysis of complaints and concerns was undertaken to identify themes and trends.

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.

In January 2020 this key question was rated as inadequate. 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.

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

At the last inspection we found the provider had failed to ensure systems for good governance were operated effectively. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sustained improvements had been made over time and the provider was no longer in breach of Regulation 17

- Systems for audit, quality assurance and questioning of practice were greatly improved and operated effectively. Robust systems were in place to identify themes and trends which sought to reduce the likelihood of an untoward event occurring again in future.
- Leadership and management was effective. The registered manager led by example and provided clear direction and support to staff. The clinical manager and deputy manager also provided a good level of support and contributed greatly to the day-to-day management of the home. Comments from people who used the service included, "I'm well looked after here, the managers very nice." and "The manager is very good."

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

- The registered manager had created a new culture and ethos across all areas of the home. This was aided by recent changes in personnel which meant the right staff, with the right attitude, were in the right place, doing the right job, at the right time. Comments from staff included, "I've noticed an improvement in the way the home is run and a change in the quality of staff. I get on great with the managers and they are very supportive. Staff morale has improved. It's like a Manorhey family here." and "The culture has improved so much; I love it here. In the past the home wasn't a great place to work, but with the amazing support and hard work provided by [registered managers name] the home has evolved and its now a great place to work."

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 registered manager fully understood their legal responsibilities around duty of candour. The provider had a framework in place which sought to ensure investigations into accidents, incidents and untoward events were completed in a timely manner and findings shared with relevant people.

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

- People were actively encouraged to provide feedback on any aspect of service delivery. During COVID-19 restrictions, the registered manager and wider leadership team had sought to be accessible and accommodating to ensure people were involved and kept informed. For example, relatives' meetings had been held virtually via webcam or telephone and newsletters and bulletins had been utilised to share information.
- Staff worked well in partnership with others. For example, the local authority had commissioned a number of 'discharge to assess' beds within the service. This supported timely discharges from acute hospitals and enabled a range of assessment to take place before a decision was made about a person's long-term future. A visiting GP told us, "The home is doing well I believe; I have no concerns. Staff always seek medical attention in a timely manner."