

Normanton Lodge Limited

Manorfields Residential 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

Manorfields Residential Care Home is a residential care home providing personal and nursing care to 36 people at the time of the inspection. Manorfields accommodates up to 40 people in one adapted building over two floors. There are communal areas for people to relax on both floors and an accessible garden area.

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

Safeguarding training was not up to date and policies were not dated. Relatives told us that their family member's clothing and property was not always protected, and items got lost. Families also told us that their loved ones did not always look well cared for and were observed wearing other people's clothes.

Risk assessments did not always reflect people's health care needs and were at times contradictory. Care plans were not always comprehensive enough to identify the support people required.

Most staff were up to date with training in infection prevention and control. Staff we observed were wearing personal protective equipment and appeared to be following current infection control guidelines, the home was clean and tidy.

Staffing levels did not appear sufficient, we observed people on one level of the home eating whilst unobserved by staff. Staff did not appear to have time to spend with people. Staff told us there were not always enough staff.

Staff training records were out of date for a wide range of care.

There was quality monitoring in place, but concerns we identified were not picked up. Staff reported incidents and there was analysis of themes when people had falls.

Lessons learnt were reflected on and improvements put in place. Staff felt supported by the registered manager.

Medicines were administered and managed safely, and staff had completed medicines training.

An external healthcare professional who visited the service on a weekly basis told us staff were kind and caring and always raised any concerns with them.

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

Rating at last inspection

The last rating for this service was Good, (Published 2 May 2019).

Why we inspected

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 inspection was prompted in part by notification of a specific incident. Following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The inspection was also prompted in part due to concerns received about people looking unkempt, unexplained injuries, management of falls, staffing levels and manual handling of people. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well Led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manorfields 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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to Safe Care and Treatment and Good Governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will work alongside the provider and local authority to monitor progress and improvements. 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 ●

Manorfields Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team comprised of two Inspectors and an Expert by Experience, who is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Manorfields 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. 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 three people living at the service about their experience of the care provided. We spoke with ten members of staff including the area manager, the registered manager, senior carers, carers, domestics, the cook and maintenance. We 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staffing rotas, policies and procedures and quality assurance records. We spoke with 13 people's families to gain feedback and a healthcare professional who regularly visit the service.



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

- Risk assessments were not always in place. For example, the care plan of one person identified they were at risk of falls and of choking. However, there was no risk assessment for these in their care plan. They required a urinary catheter but the risk assessment in place was not comprehensive and did not cover the risk of infection. This meant staff would not be aware of what care to provide to keep them safe.
- Care plans lacked detail, were not always up to date and contained information that was conflicting such as mobility aids. For example, two people had walking sticks identified in their records, however we observed one person walked with a Zimmer frame, the other required a three wheeled walker. This meant staff may not know how to support them safely.
- Health related risks such as diabetes and malnutrition were not assessed effectively. For example, one person had lost weight and had not been weighed regularly as their support plan prescribed. Their records also showed they needed to be on a food chart, which was not in place. We observed this person struggling to eat with no supervision from staff and food all over their lap.
- People had personal evacuation plans in place in the event of an emergency. However, fire training for staff was not up to date with 47% of staff having no training record, therefore we were not assured staff would know what to do in an emergency.

Staffing and recruitment

- We observed a lack of staff in one area of the home. We saw people were left alone and not supervised when eating. In another communal lounge area, people were observed sitting for long periods and a lack of staff to support everyone. We observed staff taking meals to people on side tables, so they did not leave their chairs to eat in a dining area. This meant people lost the social experience of sitting at a dining table and were walking less, which could increase their risk of falls.
- There was a lack of activities in place. One relative told us, "Activities, [Name] used to do them, I asked a carer if she still participated but she was not sure." Staff told us there were not always enough staff and they would like more time to spend with people to sit and chat to them.
- Staff training records showed multiple gaps in training. Other health related training in conditions such as diabetes or epilepsy was not in place. This meant that we could not be assured that there were appropriately skilled staff to meet people's needs.

Due to concerns with gaps in training, lack of up to date risk assessments and staffing, this placed people at risk of harm. We found no evidence that people had been harmed; however, this was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The environment was well maintained and there were regular checks of environmental health and safety concerns.
- Appropriate pre-employment checks had been carried out on new staff members of staff to make sure they were safe and suitable to work at the service.

Preventing and controlling infection

- The provider's infection prevention and control policy was not dated therefore it was unclear if it was up to date and when it was due to be renewed. Staff training records were not up to date and at the time of the inspection showed low compliance.
- The service was clean and well maintained. The registered manager undertook a walk-round of the service during the day to perform random spot checks on staff wearing personal protective clothing (PPE) correctly.
- We observed staff wearing appropriate PPE. Staff and people at the service were involved in COVID-19 testing on a regular basis to identify signs of infection.
- Staff were following procedures for new admissions to the service and for visitors. The service was taking measures to ensure people, staff and visitors followed social distancing rules to keep people safe.
- Measures were in place to prevent visitors from catching and spreading infections.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with during the inspection were able to tell us how they would report abuse. However, not all staff working at the service had received training in safeguarding. Therefore we could not be sure people were always protected from the risk of abuse. The lack of up to date training meant staff may not be able to identify abuse or neglect when it occurred.
- Concerns that had been reported by staff were reported to the safeguarding team by the registered manager.

Using medicines safely

- People received their medicines safely. Storage, administration and recording of medicines was safe.
- Only senior staff administered medicines following training and competency assessments and we observed people being given their medicines in a safe way.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. The registered manager showed us how incidents were analysed to identify themes and showed us what actions were taken following a fall to reduce the risk of reoccurrence.
- The registered manager told us of a recent incident and how they had learnt lessons from what had not worked well and how they had changed their procedures as a result.

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

- Quality monitoring processes at the service were not always effective. There was a registered manager at the service who had oversight. However, some of the issues/risks we found had not been identified by the quality monitoring processes in place.
- For example, there were gaps in the cleaning schedules and recording of fridge temperatures. Some dry and fresh food in the kitchen was not labelled, this should have been identified during quality monitoring processes.
- There was not always enough staff and not all staff had received sufficient training for their roles. The registered manager told us that staff were trained in all areas to help each other at busy times, however the training matrix did not support this practice.
- Staff that were scheduled for domestic duties did not always have the required 'control of substances hazardous to health' (COSHH) training. Kitchen staff did not always have training in basic food hygiene. Care staff did not always have training in place. For example, 34% of staff did not have training recorded in moving and positioning, 79% of staff did not have training recorded in catheter and continence care, which meant they may not have the skills and information to support people safely.
- The training matrix showed multiple gaps in the registered managers training, we could not be assured that they had the correct training in place to support and supervise staff. For example they had no training recorded in moving and positioning, challenging behaviour, first aid, mental capacity, deprivation of liberty, end of life care, dementia awareness, basic food hygiene, communication and record keeping, continence and catheter care.
- When we spoke to staff about their training some were vague about when it had taken place and what they remembered. For example, one member of staff could not remember their training in infection prevention and control or COVID-19.

Due to poor governance of the service, people were placed at risk of harm. This is a breach of Regulation 17 Good Governance of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their roles and responsibilities, and said the registered manager was very supportive and gave them regular supervision sessions which they found helpful.
- Incidents and accidents that occurred at the service were analysed for themes and patterns and we saw actions that had been put in place to reduce further reoccurrence.

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

- Feedback from families was mixed. Some relatives told us they saw the registered manager regularly and were always asked if there were any concerns. Others felt communication was not as good.
- One family told us they had complained about their relative's care, but they had not received a response from the management team. We asked the management team about this and they were unaware of the complaint.
- Of the 13 relatives we contacted very few told us they had received a survey to gather their thoughts on the service. Relatives told us there had been a relative's meeting recently. One relative told us, "It was used to tell us information about the restrictions in place". The registered manager told us relatives could raise any concerns at these meetings.
- Families told us they were concerned about visiting restrictions. The registered manager told us that families could visit seven days a week, however none of the families we spoke with were aware of this.
- The registered manager overseeing the service was aware of their legal responsibilities to be open and honest, and relatives told us the registered manager informed them if accidents or incidents occurred.
- Staff told us they felt able to raise concerns with the registered manager and had regular meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Some relatives told us that staff were compassionate and kind and they felt their relatives were safe, "[Name] feels settled and happy and staff keep us informed". However, several relatives reported that their family members possessions were not protected. Some reported glasses and personal possessions missing, which they did not feel were being addressed by the management team.
- One relative told us they were not always happy with their family members personal hygiene, "When we saw them, they had food down their clothes, were unshaven and looked awful." Another family member told us, "[Name] has not had a haircut for a year, staff said [Name] had not showered for a few days and was on the list for the next day." Other families we spoke with raised concerns about their relative looking unkempt, not having their hair cut and wearing other people's clothes on more than one occasion.
- Staff we observed, demonstrated a positive and caring approach towards the people in their care. One member of staff said, "It is a good team that works together well."
- We saw at busy times of the day it was normal practice for all office staff to come out and help care staff. However, concerns we identified around a lack of staff and gaps in training raised concerns about this practice.
- The registered manager told us they involved families in assessments of their relative's care on admission, however no families we spoke to told us they were involved in reviewing their family members care plans.
- Most families told us they were updated when things changed. However, one told us, "I do not get a great deal of information when I phone, whoever answers just says they are fine." Another told us, "I don't get much feedback, they [staff] just answer my questions or only phone me if there is an accident."
- The registered manager worked in partnership with a local GP surgery and other healthcare professionals. Feedback from a healthcare professional we spoke to was positive. "Staff are very caring and helpful. They always ask me if there are any problems or they have concerns about someone".

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Poor risk assessments of people's care and treatment needs and a lack of care planning, a lack of staff and gaps in staff training placed people at risk of harm.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

The enforcement action we took:

Warning Notice