

Great Marsden Residential Limited

# Nelson Manor Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 and 12 May 2017. A breach legal requirements was found in respect to the management of medicines and as a result we issued the provider with a warning notice. We undertook this focused inspection on 18 September 2017 to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nelson Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

During the inspection, we found improvements had been made to the management of medicines and have revised the rating of the well led section and the overall rating to good. However, the rating remains requires improvement for the safe section. This is because we need to be confident the improvements are sustained over time. We will therefore review all ratings at the next comprehensive inspection.

Nelson Manor Care Home is registered to provide personal and nursing care for up to 70 people. There were 60 people accommodated at the time of the inspection. Accommodation is provided in 70 single bedrooms on three floors. The ground floor provides personal care for older people, the middle floor known as the Jubilee unit provides personal and nursing care for people with mental health needs and the top floor provides people with nursing care. All the bedrooms have an ensuite with a shower facility. The home is located in a residential area approximately one mile from Nelson town centre.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We noted appropriate action had been taken to improve the management of medicines. Whilst we found one medicine error during the inspection, this had been identified on a routine audit and the registered manager was due to commence an investigation. Following the inspection, the registered manager sent us details of her action plan, which set out the measures, put in place to prevent a reoccurrence.

The registered manager was well-respected and provided strong, supportive leadership to her team. Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. There were established arrangements for gathering people's views about the service, which included regular meetings and satisfaction questionnaires. All people spoken with were very satisfied with the service and felt the management team and staff were approachable, helpful and supportive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Whilst we found that action had been taken to improve the management of medicines, we could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### Is the service well-led?

**Good** ●

The service was well led.

We found action had been taken to improve the management of medicines in the home and shortfalls had been identified as part of the home's audit schedule.

The registered manager had a forward-looking approach and was committed to the continuous improvement of the service.

There were systems in place to assess and monitor the quality of the service, which included seeking feedback from people living in the home, their relatives and the staff.

# Nelson Manor Care Home

## Detailed findings

### Background to this inspection

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

We undertook an unannounced focused inspection of Nelson Manor on 18 September 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 11 and 12 May 2017 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe? And is the service well led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by two adult social care inspectors and a pharmacist inspector.

Before the inspection, we contacted the local authority contracting team, the East Lancashire Clinical Commissioning Group Medicines Management Team and the Midlands and Lancashire Commissioning Support Unit for feedback. We also checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with six people living in the home, one visitor, seven members of staff, the cook, the kitchen assistant, the maintenance officer, the administrator and the registered manager.

We looked at a range of documentation and written records including three people's care records, two staff recruitment files, complaints records, 30 medicines administration records, audits, action plans, a sample of policies and procedures and quality assurance records.

Following our visit, the registered manager sent us an action plan in respect of a medicine error identified by

the governance manager's audit of medicines on 15 September 2017.

# Is the service safe?

## Our findings

At our previous inspection in May 2017, we rated this service as requires improvement overall and requires improvement in safe. This was because we found a number of shortfalls in the management of medicines and issued a warning notice to the provider. At this inspection, we looked again at the arrangements in place to manage medicines and found improvements had been made which had a beneficial impact on people's health and well-being. As a result, the requirements of the warning notice were met. However, we have not changed the rating for this section because we need to see the improvements are sustained over a period of time.

We watched some people being given their medicines on all three floors of the home. People were treated in a kind and respectful way and staff administered medicines safely. We found that since our last inspection great improvements had been made to the way medicines were handled. Whilst we had two concerns about medicine records, the registered manager acted immediately to correct these issues.

We looked at the medication administration records (MARs) belonging to half of the 60 people living in the home. We saw that medicines that should be given early in the morning or before breakfast were given at the right time. Other medicines (where the time was not critical) were given to people when they chose to get up. Records on MARs were all completed to show that people had taken (or refused) their medicines. Staff signed a different chart when they applied a person's moisturising or barrier creams and the six charts we saw were all complete. However, there were some omissions on the charts used to record the area of skin where a person's prescribed patch was applied. It appeared that sometimes the new patch was stuck in the same place as the previous patch. This could make the skin sore. Following the inspection, the registered manager confirmed new instructions had been issued to staff on how to apply transdermal patches and these had been placed with the medicines records.

Some people were prescribed one or more medicines to be taken only 'when required'. Each person had a written protocol with detailed information on why the medicine had been prescribed. This meant the medicine could be used safely and effectively to treat the person's symptoms. We noted two people looked after some of their medicines themselves and we saw staff had carried out assessments to make sure they could use these medicines safely.

We found one error where a medicine had not been administered. This went unnoticed by staff for six days but the home's procedure for dealing with incidents was then followed. Following the inspection, we received the registered manager's action plan, which detailed the measures put in place to minimise the risk of a reoccurrence.

Medicines were stored securely. Cupboards that were in use to store controlled drugs (medicines subject to tighter legal controls because of the risk of misuse) met legal requirements. Rooms for storing medicines were kept at the right temperature to make sure medicines remained effective up to their expiry date. However, we could not tell from the home's records whether medicines in the three refrigerators were kept at the right temperature and were therefore safe to use. However, we noted immediate advice was taken

from the manufacturer and following the inspection the registered manager confirmed an alarm would sound when the minimum and maximum temperature was outside factory settings. The registered manager also informed us she had issued written and verbal guidance to all staff on this matter.

## Is the service well-led?

### Our findings

At our previous inspection in May 2017, we rated this service as requires improvement overall and requires improvement in well led. This was because we found a number of shortfalls in the management of medicines, which had impacted on the well-being of people living in the home. At this inspection, we found improvements had been made and further improvements were planned and in progress. We have therefore revised the rating to good in this section and good overall.

People spoken with made positive comments about the leadership and management of the home. For example, one person said, "[The registered manager] is marvellous, she is always around, very approachable and always cheerful" and another person commented, "[The registered manager] regularly asks me if I'm alright and if I need anything. She always sorts things out very quickly which is good to know." Similarly, a visitor was complimentary about the service. They told us, "I think the home is very good. They are all on the ball and make sure [person's name] has everything they need."

The registered manager had responsibility for the day-to-day operation of the service and was visible and active within the home. We saw she regularly walked round the building and was observed to interact warmly and professionally with people and staff. Throughout our inspection, the registered manager demonstrated a positive and forward-looking approach. She had worked hard to address the shortfalls that had been highlighted in our last inspection of the home and was focused on further improvements. For example, she explained that following collaboration with a local primary school a new initiative was due to start in October 2017. This involved bringing together young children and a group of people living in the home to share joint activities. We saw a detailed programme of activities had been devised and it was hoped the initiative would positively benefit both the children and older adults. The registered manager was also involved in a pilot project with the North West Ambulance Service, which was designed to ensure the appropriate use of services.

The registered manager provided strong, supportive leadership, which was clearly appreciated by her staff team. One staff member told us, "The manager has done an incredible job in a short space of time. She really cares about the residents and the staff" and another member of staff said, "The manager is always walking round checking everything and she's really supportive if you have any problems." The registered manager operated an "open door" policy, which meant that people and members of staff were welcome to go into the office to speak with her at any time. We observed people and staff visiting the office during the inspection.

People and their relatives were regularly asked for their views on the service. This was achieved by means of meetings and bi-annual satisfaction surveys. The last survey was carried out in April 2017. We looked at the collated results and noted several people had made positive comments. People had also been given the opportunity to complete a survey on the food provided and had been asked for suggestions for the new autumn menu. The catering staff told us they regularly discussed people's views on the food provided and ensured people's needs and preferences were met. People were invited to all meetings held in the home including residents', families and staff meetings. We looked at the minutes during the inspection and noted



all aspects of the operation of the home had been discussed. The meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions.

We looked at three people's care files and noted, wherever possible, people were involved in the assessment and care planning processes. We saw the care plans and risk assessments were person centred and provided guidance for staff on how to meet people's needs and preferences. There were systems in place to ensure the care plans were reviewed and updated regularly. All staff spoken with were knowledgeable about people's needs and preferences. We saw staff treated people in a respectful and dignified manner and people were relaxed in the company of staff.

The registered manager had appointed a governance manager as part of the management team. We saw there was a schedule of audits, which was designed to ensure different aspects of the service were meeting the required standards. These included checks on medicines, staff training, staff recruitment records, hand hygiene, mattresses, finance, catering and infection control. We looked at a sample of the completed audits during the inspection and noted they had been carried out in a timely manner. During our inspection of the arrangements for managing medicines, we found a medicine error where there had been a delay in applying one person's prescribed skin patch. However, we noted the error had been identified on a routine audit on 15 September 2017 and the registered manager was due to commence an investigation. We received a detailed action plan about this following the inspection.

We found risks to people's health and safety had been assessed and mitigated and regular checks had been carried out of the environment and equipment including bed rails. We saw records to demonstrate the maintenance officer had carried out a number of checks including water temperatures and fire systems. The registered manager had also completed a detailed monthly audit, which covered the overall operation of the home. We saw action plans had been developed to address shortfalls and all actions had been transferred to one overall consolidated action plan. We noted each section had been given a rating of red, amber or green to indicate the progress made.

The nominated individual supported the registered manager and visited the home at least once a month. He was supportive of the ongoing improvements being made and had provided the registered manager with the necessary resources. We also noted the nominated individual had completed a report on his visits to the home. From looking at the reports, we could see he had checked the environment, looked at a sample of records and sought feedback from people living in the home and staff. This meant he had gained assurances about the operation of the service. In addition, the nominated individual had engaged an external registered mental health nurse to carry out a detailed monthly audit of the quality assurance systems. All reports were readily available during the inspection.

We saw there was a system in place to record any accidents or incidents, including falls. The registered manager informed us she checked and investigated all accident and incident records to make sure that any responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager had established a computerised log of all accidents and incidents and had carried out an analysis of the data every three months in order to identify any patterns or trends.

The registered manager was aware of the need to notify the Care Quality Commission (CQC) or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary. We noted the provider was meeting the requirement to display their latest CQC rating in entrance of the home and on their website.

