

Coveleaf Limited

Hope Manor Residential Home

Inspection report

220 Eccles Old Road
Salford
Greater Manchester
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20 December 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

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

Hope Manor Residential Home is a residential care home located in Salford, Greater Manchester, owned and operated by Coveleaf Limited. The home provides personal care and support for up to 26 people. Some people are living with dementia.

The home is a large, extended detached building with an enclosed outside space and garden area. There are two floors, accessible by a lift and stairs. Each floor provides a variety of personal bedrooms and communal areas to meet the different needs and preferences of individuals. At the time of the inspection there were 25 people living at the home.

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

People and their relatives told us staff were kind, caring and respectful. We observed warm and friendly interactions from staff with people and their visitors. All the people we spoke with told us they felt safe living at Hope Manor Residential Home. Relatives were similarly positive about the safe care and treatment provided to their loved ones. People received their medicines as prescribed and were supported to maintain good health and access healthcare services. Advice and support was sought from healthcare professionals where risks to people's health and well-being had been identified.

A good standard of accommodation was provided. The home was clean with appropriate infection control processes in place. A team of housekeepers were employed, with oversight from a head housekeeper. Cleaning schedules were in place to ensure bedroom, bathrooms and communal areas were cleaned regularly.

Suitable aids and adaptations were available to aid people's mobility and promote their safety. People received their medicines as prescribed. Servicing and maintenance checks were carried out to ensure the premises and equipment were kept safe. Works had been completed to ensure the building remained compliant with regards to fire safety. Effective systems were in place for the recording and reporting of any safeguarding concerns and complaints. A complaint had been dealt with appropriately, and as per company processes.

Staff were deployed to support people effectively and people living at the home told us they were happy with the number of staff on shift; any requests for assistance were met quickly. Safe recruitment processes were in place. A range of training and development opportunities were provided to support staff. Staff said they were supported in their role and the team worked well together.

People enjoyed a positive mealtime experience. Independence was promoted by staff and people were encouraged to eat and drink enough to maintain a balanced diet.

Management systems were robust and provided clear monitoring and oversight of the service. Plans were in

place to help identify areas of continuous improvement and learning.

People were involved in the assessment and planning of their care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 the service was Good, published on 18 July 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective 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.

Hope Manor Residential 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 Health and Social Care Act 2008.

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 2 inspectors 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

Hope Manor Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hope Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

Inspection activity started on 18 December 2023 and ended on 4 January 2024. We visited the location's service on 19 and 20 December 2023. The first day was unannounced, which meant the provider did not know we would be visiting on that day. The second day was announced.

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. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and the relatives of 3 people visiting the home. We also spoke with 7 members of staff including the registered manager, deputy manager, senior carer, care workers and ancillary staff.

During the inspection visit we looked at the management of people's medicines and reviewed 4 care plans. We also looked at areas of health and safety, staff recruitment and audit and management systems. Additional electronic evidence, including a selection of policies, procedures and audits, sent to us securely were reviewed remotely. Following the inspection, we contacted 3 health professionals for feedback. We received positive feedback and no concerns were expressed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were kept safe. Guidance was detailed within thorough paper records to help mitigate identified risks.
- Risk assessments were in place for people expressing a wish to self-administer their own medicines and apply creams. We noted missing signatures on some medication choice records within care plans. We brought this to the registered manager's attention, and this was rectified.
- A fire risk assessment had been carried out in January 2023 by a qualified contractor, and issues with some fire doors had been identified. The service had responded by replacing all the bedroom doors on the first floor to ensure compliance.
- Servicing and maintenance checks were completed. Any actions required to ensure the safety of equipment and the premises had been addressed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help safeguard people from abuse and avoidable harm. Staff knew who to report any concerns to and were confident these would be acted upon.
- Staff we spoke with told us that they had received training in safeguarding. Training records we looked at confirmed that staff had attended this training.
- People told us they felt safe at Hope Manor Residential Home. Comments from people included, "I feel safe as I can be, the staff are around day and night" and "I feel safe and well cared for and a lot better." Relatives also told us they felt their loved ones were safe. One relative said, "I feel when I leave (the home) I have nothing to worry about as they are totally safe and well cared for."

Staffing and recruitment

- There were enough staff to meet people's needs and people told us they did not have to wait long to be assisted when they required help. Comments included, "The staff are always willing to help and support and are around when you need them" and "If I need anything I ring my call bell and they come very quickly."
- There was a stable staff team to ensure people were supported consistently by staff who knew them. People benefited from an established staff team.
- Safe recruitment processes were in place. Staff continued to be recruited using appropriate checks, including Disclosure and Barring Service (DBS) and Right to Work checks, to ensure they were safe to work with vulnerable people.

Using medicines safely

- People were supported to receive their medicines safely from appropriately trained staff.

- People told us they received the right medication at the right time. Comments included, "I always get my medication" and "I receive my medication 4 times a day; they never miss."
- Systems were in place to ensure staff were competent in the role. This included observations of practice, training, and audits of medicines carried out by managers and senior staff.

Preventing and controlling infection

- A recent infection prevention and control audit carried out by external professionals had awarded the home a score of 100%.
- Hand-sanitizing stations and personal protective equipment, such as gloves and aprons, were available throughout the service.
- Signage in all bathrooms and toilets indicated good hand hygiene practice. Good hygiene standards were maintained around the home.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Incidents and accidents were monitored and reviewed by managers using a range of tools available to them.
- Management took appropriate action following any incidents and any learning was shared with staff via handovers, meetings and supervision.

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.

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Initial assessments were carried out by senior managers to ensure people's needs could be met prior to them coming to Hope Manor Residential Home.
- Information gathered was used to inform people's care and support plans. Where appropriate, other professionals and family were involved in the assessment process.
- Following admission to the home, care and support were delivered in line with current standards to achieve effective outcomes.
- Care plans recorded people's preferences and choices about their care. Staff knew people well and gave examples of how they supported people.

Staff support: induction, training, skills, and experience

- Staff were supported to develop the knowledge, skills and experience need to deliver effective care and support.
- Staff completed an induction and received relevant training to perform their roles and help meet people's needs. They updated their training and attended refresher courses. Staff told us training relevant to their roles was provided.
- Staff felt supported by managers and could ask for help if needed. Staff received one-to-one supervision sessions, and these were formally recorded.

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

- People enjoyed a positive mealtime experience and were supported to eat and drink enough to maintain a balanced diet.
- We observed the lunchtime service and people were offered choices of food and drinks throughout. Outside of mealtimes, people were offered drinks and snacks at regular intervals.
- There was effective communication with catering staff to ensure people received suitable diets, including modified meals such as low-fat, diabetic-friendly and thickened fluids. Catering staff were aware of any allergens in relation to food and provided appropriate diets, such as gluten-free foods.
- People we spoke were mainly positive about the food, however feedback was mixed. People described the food as 'ok', 'good' and 'fantastic'. People told us there were always alternative meals available if they did not like what was on the daily menu.

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

- People were supported to live healthier lives. This included access to healthcare professionals such as their GP, district nurses, speech and language therapists (SaLT) and occupational physiotherapists (OT's).
- The service worked collaboratively with external health professionals to help improve people's lives. People made progress, for example with their mobility and independence, and we saw a good example of this on inspection.
- Staff were quick to respond if people were unwell. The registered manager said the service was well supported by their GP surgery, who carried out weekly visits to review and treat people.
- People's relatives said they were kept informed of any concerns.

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

- People's individual needs were met by the adaptation, design, and decoration of the home.
- Relevant aids and adaptations were in place to help people move about the home.
- People's bedrooms had been individually furnished in line with their choices and preferences. Bedroom doors were personalised. These helped to orientate people in finding their own rooms.
- We identified some clutter around the home due to limited storage areas. This did not impact on people's safety and it was moved during the inspection.

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

The Mental Capacity Act 2005 (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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act. DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body.
 - People's care records identified their capacity to make decisions. Care plans contained capacity assessments and information about day-to-day decisions people were able to make.
 - Best interest decisions involved appropriate parties and formal quarterly responses were submitted to the managing authority, outlining how any conditions on authorisations had been met.
 - Staff had received training in the MCA and associated codes of practice. Staff understood their responsibilities under this Act and asked for people's consent prior to carrying out any personal care or assisting them with their meal or medicines.

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.

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant 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 were well supported and treated in a kind and respectful manner. Everyone we spoke with was complimentary about the staff and their caring ways. One person told us, "The staff excel in their kindness and are not afraid to show how much they care."
- Interactions between people and staff were warm, kind and showed they knew each other well. Staff provided people with positive words of reassurance and encouragement and helped reduce any anxieties people had.
- Good relationships had been established between people and staff. One person told us, "The staff are lovely with me and are very kind. We have a laugh." There was mutual respect between everybody, and we observed a good teamwork approach by staff on both days of our inspection.

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

- People were supported to express their views and make decisions about their care. One person told us, "I am fully involved in my care," and their care plan reflected this.
- People were able to follow their preferred daily routines, either independently or with help from staff.
- People were signposted to independent advocacy services when required. Independent advocates are those who speak up on people's behalf when needed, for example if they have no family members to do so.

Respecting and promoting people's privacy, dignity, and independence

- People's privacy and dignity were respected and promoted. On our second day of inspection the chiropodist visited the service. People were supported to leave communal areas and received treatment in the privacy of their own bedrooms.
- People were encouraged to maintain their independence where it was safe to do so. During the lunch time meal, we saw that people used adapted plates and cutlery so they could eat independently. One person told us, "The staff understand me and give me time; [they] allow me to be independent and make choices." Where people required support staff did this in a discreet and dignified manner.
- People were encouraged to maintain any skills and interests they had prior to living at the home. Family members told us there were no restrictions on visiting times.

Is the service responsive?

Our findings

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

This key question has been rated 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

- People were supported as individuals, in line with their needs and preferences. Care plans were thorough, person-centred and contained relevant information in relation to generic and individual risks.
- People's care needs were assessed and reviewed regularly to ensure their care needs were relevant to them.
- Review meetings took place with people and their assigned keyworker. It provided keyworkers with the opportunity to check people were happy with their care plan and the care they were receiving. One person had recently moved into the home; their keyworker had spoken with them and a care plan was in place, detailing their likes and preferences.
- Staff were kind and caring when offering support and clearly recognised the importance of person-centred care. This was visible in the care delivery and comments we received from people and their relatives supported our observations.

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

- People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them.
- People we spoke with were complimentary about the activities coordinator. They described them as being 'motivational' and 'good fun'. One person told us, "The entertainment is fun and the activity coordinator helps motivate me and I feel better when I have done the exercises."
- All funds for activities were raised in-house or came from donations. The activities coordinator along with 2 other staff had climbed Snowden. The sponsorship money raised had been spent on a new large television, so that people could now enjoy film nights. Other events were planned to raise money.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported.
- People's care plans included information of how to best support their communication and understanding.
- Staff we spoke to and observed were aware of how best to communicate with people. Staff were aware of

the need to be patient and calm when communicating with people and we saw this in practice throughout the inspection.

Improving care quality in response to complaints or concerns

- People and their family knew who to speak with if they had any issues and felt confident these would be responded to.
- Complaints were logged, responded to and actions identified to prevent reoccurrence. A recent complaint had been fully investigated and responded to. People's concerns were also listened to and acted upon, helping to improve the quality of care provided.
- The service shared with us a selection of compliments they had received in 2023, as well as examples of many thank you cards, some of which were on display in the home. These mirrored the positive feedback we received from those we spoke with.

End of life care and support

- Care plans were completed for those who wanted to outline their wishes and feelings about their care at the end of their life.
- The team liaised with relevant healthcare professionals, ensuring people needs and wishes were met. People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Feedback and compliments from families about how staff had cared for people at the end of their lives was very positive.
- At the time of this inspection a memorial service was due to take place. Relatives of people who had lived at the home were invited to attend, to remember loved ones who had passed away. A memorial shrub was to be planted at the service.

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 our last inspection we rated this key question good. At this inspection the rating remains 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

- The service benefitted from consistent management and a stable staff team.
- Governance systems were in place to ensure oversight and monitoring of the home. There was a suite of audits to assist the registered manager and deputy manager help improve the quality of care.
- Responsibility and accountability was designated to senior staff. Senior care workers were responsible for the supervision of care staff. Staff felt involved in the running of the home.
- Managers understood their duty to report any issues affecting the service to CQC and local authority, such as safeguarding concerns or serious incidents.
- The provider was a source of support for the registered manager and responded appropriately to ensure people and the environment remained safe. However, there was no additional budget to fund activities and opportunities for people to experience away from the home, for example, trips out were limited.

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

- The provider had systems and processes in place, ensuring the delivery of person-centred care that achieved good outcomes for people.
- Staff worked hard so people had positive care experiences with good outcomes. Suggestions were made to people and their relatives if management felt anything could be improved.
- The registered manager was supported by a deputy manager and other staff. This was a consistent team that promoted a positive culture in the home and knew people well.

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

- People and their relatives told us they felt able to speak openly with the registered manager, deputy manager and staff and were confident they would be listened to. They considered the home was well run.
- We observed positive relationships between staff, people living in the home and their relatives.
- Daily handover meetings and regular staff meetings took place and staff told us they felt listened to. Meetings and supervisions helped to keep staff informed. Any changes in people's needs, the service and other relevant information was shared and effectively communicated.
- Staff told us management were supportive and approachable.

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; Continuous learning and improving care

- The duty of candour was understood by the registered manager and throughout our inspection the registered manager and staff were honest and open.
- Managers supported staff learning to help improve the quality of care people received.
- The registered manager in conjunction with the provider had developed a business continuity plan. This outlined how the business might respond to any incidents or emergencies.

Working in partnership with others

- We contacted professionals at the local authority to seek their feedback about the service. We were not made aware of any issues or concerns.
- There was oversight and support from the local authority. The service had recently had an audit of infection control measures in place and had scored 100%.
- The team worked in partnership with outside agencies, so people's assessed needs were appropriately met, and their health and well-being was maintained. Visiting health professionals we contacted for feedback were complimentary about the management and staff team.