

Countrywide Care Homes Limited

Manor Park Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Manor Park is a residential care home. It is registered to provide personal and nursing care for up to 75 people aged 65 and over. There are 3 separate units within the home divided into nursing care, residential care and care for people living with dementia. At the time of the inspection there were 57 people using the service.

People's experience of using this service:

Staff were aware of risks to people. People's care records provided detailed information about their needs. Medicines were managed safely and people were happy with the support they received with their medicines. Staff understood how to recognise the signs of abuse and knew the processes to follow to manage any allegations of abuse. The home was clean and well maintained. Staff understood and followed infection control procedures. There were enough staff to meet people's needs.

We have made a recommendation about the deployment of staff.

People's health care needs were well managed. Staff were well trained and well supported by the management team. People were provided with a choice of food and drinks which met their needs and preferences, and everyone we spoke with was happy with the quality of the food. 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.

People were happy with the opportunities for activities and entertainment and were supported to keep in touch with those who are important to them. The provider had appropriate processes in place to make sure people could be supported in a pain free, dignified and sensitive way at the end of their life. People and their relatives knew how to make a complaint if they needed to.

Oversight and auditing of the service had been improved, and issues were identified and addressed by the provider. People, relatives, staff felt involved and consulted. Healthcare professionals praised the improved management of the home.

We have made recommendation about embedding the quality assurance systems into practice.

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:

At the last inspection the service was rated Requires Improvement (report published 11 May 2022) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out a focused inspection of this service on 27 January 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the key questions Safe and Well-led, which refer to those requirements. The scope of the inspection was widened to include the key questions of Effective and Responsive key questions, as improvement was noted.

For those key questions not inspected, we used the ratings awarded at previous inspections to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. 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 Manor Park Care Home on our website at www.cqc.org.uk.

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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Manor Park 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Inspection team

This inspection was carried out by an 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 Park is a care home. People in care homes receive accommodation and nursing or personal care as a single package under 1 contractual agreement. 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 the registered manager had left the service and the deputy manager was acting as manager. We were told they intended submitted an application to register.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We asked the provider to complete a Provider Information Return (PIR) prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority contracting team. We used all of this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 7 visiting relatives to gain their views on the care provided. We spoke with the acting deputy manager, who was supported by members of the provider's senior team, 2 nurses, a team leader, a care practitioner, 5 care staff, and an activity organiser. We also spoke with 2 healthcare professionals to gain their views of the service.

We reviewed a range of records including 3 people's care records. We looked at 3 staff recruitment files, staff training records, accident, incident and complaint reports, documents relating to the management of medicines and quality monitoring records. We requested additional evidence to be sent to us. This included staffing and training information, and evidence of the provider quality assurance system. We used this information as part of our inspection.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Using medicines safely

- People's medicines were managed safely.
- People told us they were happy with the support they received with their medicines. Three people told us about the medicines they were prescribed and the times they should take them. They said staff were very good at making sure they received their medicines at the right times. One person said, "Oh yes, I get [my medicines], there is no problem with that."
- People received their medicines at the times prescribed to make sure the medicine was effective.
- Staff responsible for administering medicines received appropriate training.

Assessing risk, safety monitoring and management

- There was sufficient, up to date information about people's needs and the risks related to their care. The electronic assessment and planning system helped staff and managers to keep track of all areas of people's care and wellbeing.
- The environment and equipment were safe and well maintained.
- Staff had received fire safety training and taken part in fire drills so they knew how to respond in the event of a fire. Evacuation plans were in place to make sure people received the support they needed in an emergency situation.

Staffing and recruitment

- Staff were recruited safely with all required checks completed before they started in post.
- There were enough staff to meet people's needs. Staffing levels were calculated according to people's needs and the manager kept this under review.
- Our observations showed staff were available and responsive to people's needs. Staff approached people regularly. They asked how people were feeling, if they needed anything and took time to chat and listen. Staff made sure people's 'nurse call' buzzers were accessible and when people used them, they responded in good time.
- Some people and relatives felt there were enough staff. One person said, "Yes, you know there are always people here to help you, if you need it. I press the buzzer and someone will come straight away. They know when I need them. It's comforting." Other people and relatives said staff seemed very busy. However, everyone we spoke with was clear that people's needs were met. For instance, a relative said, "I think they could always do with more staff. They can be rushed. It would make it easier for them if there were more, but they do what [my relative] needs."
- A small number of staff said it would help if there were more staff in the mornings. One staff member went on to say a number of staff had left recently and new staff were being recruited. They were optimistic that

this would improve things. They added, "There are some new staff starting today."

We recommend the provider consider reviewing the deployment of staff at key times of the day.

Preventing and controlling infection

- Everyone we spoke with said the home was always clean and tidy. Two people also told us they enjoyed being involved in keeping the home clean. One person said, "It's clean, bright and light, I like the wallpaper. There's domestic staff here and I go around with them and help them. I like that, we have fun."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Systems were in place to ensure visitors, including family, friends and professionals visited people in a way that minimised the risk of the spread of infection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home.
- Everyone we spoke with felt safe in the care of the staff. One person said, "Yes, I do feel safe here, all the staff are perfect, you get what you need." Another person told us, "I do feel safe with the staff. They check you at night-time. They check regularly." People's relatives said they felt their loved ones were safe in the home. One relative said, "Yes it's safe, they [staff] are very good here. It's pretty good because [my relative] has settled well. I wouldn't move them"
- Staff received safeguarding training and understood how to recognise abuse and protect people from the risk of abuse.
- A system was in place to record and monitor any incidents and appropriate referrals had been made to the local authority safeguarding team. Concerns and allegations were acted on to make sure people were protected from harm.

Learning lessons when things go wrong

- The management team analysed accident and incident reports for themes or trends and looked at what lessons could be learned to prevent recurrences. We saw actions had been taken to reduce risks and keep people safe.

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 previous inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they moved into the home to make sure the service had the resources and skills to meet individual requirements.
- People's needs were kept under review to make sure the care they received met their choices and preferences.
- People were supported to access support from healthcare services. They received regular visits from healthcare professionals such as the GP, chiropodist and optician. The feedback from the health care professionals we spoke with was positive. They said since the acting manager joined the team there was improved leadership and the nurses knew people better.

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

- People were provided with a choice of food and drinks which met their needs and preferences.
- Staff had a good understanding of dietary needs. There were fresh fruit and vegetables available for people, as well as fortifying food where people were at risk of malnutrition.
- At mealtimes staff offered people a choice and provided them with the support they needed to eat and drink. Drinks and snacks, including cakes and milkshakes, were available in between meals.
- People's weight was monitored for any changes, and appropriate action taken to address any nutritional concerns.

Staff support: induction, training, skills and experience

- People told us they thought staff were well trained and said, "They seem to know what they are doing" and "Some are well trained, some are new and need to get used to the job. Most are good."
- New staff completed induction training and shadowed more experienced staff before working independently. One staff member said, "It [the induction] was good and told me everything I needed to know."
- Staff said their training was comprehensive and kept up to date and this was confirmed in the training records we reviewed.
- The provider encouraged and supported staff to develop. For example, some care staff had completed six months clinical training to become care practitioners, an accredited qualification which meant they could lead and direct care.
- Staff felt well supported and confirmed they received regular supervision and annual appraisals.

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

- Some adaptations had been made to the environment to make it easier for people to find their way around.
- The acting deputy manager told us about changes made to the accommodation for people living with dementia. They told us work to provide a more dementia friendly living environment continued. For instance, identifying people's rooms by use of memory aids was a priority.

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

- The 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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working within the principles of the MCA.
- The provider had systems in place to monitor and keep track of DoLS applications and authorisations.
- Staff were aware of and had completed training in the MCA and DoLS.
- Where people lacked capacity to make a particular decision, capacity assessments and best interest decisions had been taken appropriately.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We looked at a sample of care plans. We found they were personalised, detailing each person's individual needs and how they liked to be cared for.
- People and relatives told us they were involved in planning people's care. For instance, a person said, "When I first came in, they [staff] sat with me for hours, asking me questions (about my needs and preferences). I am very lucky to be here."
- The provider employed activity staff who provided individual support and group activities. People told us there were activities taking place if they wanted to join in. Comments included, "They have a sing song coming up, they fetch a singer in. They have a magician coming in for Easter. There is a man who brings in owls. The last show was a Pantomime. It was Annie", "They [staff] will take you out into the garden and I sit with a friend and do jigsaws", "There is an activity lady. I paint pictures, I make things for her and she puts them on the wall. I like to sit and watch TV in my room, and I can do that" and, "I have a garden here, and I do it when the weather is better."
- People were supported to keep in touch with those who are important to them. This included contact via news posted on the home's social media page about what was going on in the home.

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.

- The provider understood their responsibility to comply with the Accessible Information Standard (AIS). If anyone required additional information in an accessible format, there were arrangements in place to provide this.
- People's individual communication needs were assessed and recorded within their care plan. These described the support people needed to enable staff to understand their wishes.
- Staff were aware of people's needs and communicated well with people, taking time to make sure they were understood.
- Staff encouraged people to wear their glasses and hearing aids.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the home and people and their relatives knew how to make a complaint if they needed to.

- People and relatives said they had no complaints to share with us. However, they were confident issues would be dealt with appropriately. Some people named particular staff who they felt they could talk to. Others were clear they felt they could talk to any staff member. Comments included, "I can talk to the staff, they have time to talk to me if I had a problem" and, "I can talk to everyone [all staff] they are very friendly."
- Records showed complaints were investigated, the complainants informed of the outcome and apologies made where necessary.

End of life care and support

- The provider had appropriate processes in place to make sure people could be supported in a pain free, dignified and sensitive way at the end of their life.
- One relative said, "The staff are very welcoming and very supportive."
- Staff received appropriate training and people's care plans were designed to include their end of life wishes and preferences. This included religious and cultural customs to be observed.

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 this key question was rated requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection not all care records demonstrated people's assessed needs had been met and quality assurance systems were not sufficiently effective. This was a breach of regulation 17 (Good governance) 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 17.

- The quality audits in place were effective in identifying and addressing issues and concerns. Shortfalls in relation to record keeping had been addressed. Some of the improvements were relatively new and ongoing.

We recommend the quality assurance systems be further embedded into practice.

- The registered manager had left the service and the deputy manager was acting as manager with additional support from the provider's management and quality assurance teams.
- People and relatives spoke positively about the service and thought the home was well run. People were asked if they considered the service to be well led. Comments included, "Yes, because the staff are as good as gold. I just like the place. All I want is health and happiness, I have that", "It's organised here and they [staff] certainly do what you need" and "Yes, it's nice because they [staff] spend time with you and come and talk to you."
- Staff said they enjoyed working at the home and felt well supported by the management team. A small number of staff spoke of areas for improvement, in relation to staffing and food. We shared this information with the acting manager.

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

- The acting manager was keen to promote a person-centred culture and encourage continuous improvement in the service.
- The atmosphere was welcoming and inclusive of people's diversity. We received positive feedback from people, their relatives and staff around the outcomes people were achieving. One person told us they were

very happy with the service. They said, "They [staff] are caring. We come first. It is very good. They know every one of us. Makes me feel good and I know they are here for us." One relative told us, "They manage [person's name] care well, they've done more than we expected." Staff told us there had been positive changes made recently and they felt people were benefitting as a result.

- Relatives and staff told us they worked together to support people's transition into the home. One staff member told us, "We need to reassure people's relatives, especially if people have health issues. It can be difficult for relatives. Our nurses keep them up to date as much as possible and this works well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on their duty of candour responsibility

- People, relatives and staff told us they felt involved and consulted. The acting deputy told us the service had an open door policy, which encouraged people to speak with the members of the management team about any questions or concerns they may have. Details of a once a month 'residents' family clinic' were displayed. This provided people's relatives with further opportunity to speak with members of the management team.

- The provider held regular meetings with people, relatives and staff to keep them informed of any developments and to gain their feedback on all aspects of the service

- Surveys were sent out regularly to people, relatives, staff and other professionals to gain their views. The responses were used to help improve the service. There was a 'You said and We Did' board in the foyer which helped keep people updated on the action the provider had taken as a result of their comments.

Working in partnership with others

- The service continued to work in close partnership with other agencies, such as the local authority and clinical commissioning group (CCG), to secure improvements for people living in the home.

- Positive links had been maintained with visiting health and social care professionals. One health care professional said they had seen noticeable improvements in the service since the last inspection and praised the acting manager's influence. They said communication from staff in the home had improved.