

New Care Formby OPCO Limited

Formby Manor Care Centre

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

Formby Manor Care Centre is a residential care home providing personal and nursing care to 51 people aged 65 and over at the time of the inspection. The service can support up to 76 people across three floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia and another floor supports people with nursing care.

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

Medicines were not always managed safely. The system for ordering, recording and administration was not effective, which placed people at unnecessary risk.

Systems to assess, monitor and improve the quality and safety of the service being provided were not always effective. Audits did not identify all the concerns we found at this inspection. Analysis and reviews of incidents that occurred in the home were not effective to ensure lessons were learned and used to improve safety.

Risks to people were assessed and appropriate plans were in place to keep people safe. However, some plans needed further details to guide staff in supporting people safely.

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. However, we identified a concern with the recording of the mental capacity assessments. This was addressed during the inspection.

Relatives told us communication with the home was generally good and had improved in the last few months. However, some relatives felt communication between the staff could be improved to ensure concerns were handed over fully to better support people.

The home was well maintained and clean throughout. There were procedures in place to ensure visitors followed appropriate infection control procedures.

There were enough staff to meet people's needs. Staff told us improvements were being made at the home. Staff were positive about the support they received from the new manager, and from the provider.

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 21 May 2021).

Why we inspected

We received concerns in relation to the management of medicines, staffing levels and leadership in the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. 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 report.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Formby Manor Care Centre 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 monitor the service and will take further action if needed.

We have identified breaches in relation to the management of medicines and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 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 ●

Formby Manor Care Centre

Detailed findings

Background to this inspection

The inspection

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

Service and service type

Formby Manor Care Centre 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. Formby Manor Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, there was a manager at the home who planned to register with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the manager, head of care, deputy manager, nurses, senior care workers and care workers.

We reviewed a range of records. This included eight people's care records, and multiple medication records. We looked at three 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.

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 changed 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.

Using medicines safely

- The system for ordering, recording and administration of medicines was not effective, which placed people at unnecessary risk.
- Medicines were not always available to be administered to people as prescribed as they were out of stock.
- Medicines were not always administered safely as per prescriber's guidance. For example, paracetamol containing medicines were administered to three people without leaving a four-hour gap. This placed people at risk of an overdose of this medicine.

Medicines were not managed safely. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action to address some of these concerns immediately. After the inspection the provider informed us they were implementing a new electronic medicines system to support improvement of medicines management.

Learning lessons when things go wrong

- Incidents that occurred were not always used to drive further improvements. A safeguarding incident reviewed by the local authority made recommendations to reduce the risk of the incident happening again. There had been a failure to implement these recommendations and we found concerns with a similar incident during the inspection.
- Analysis of incidents was completed. However, this was not always robust enough to ensure patterns and trends were identified and appropriate action taken to reduce the risk of reoccurrence.

The provider failed to ensure lessons were learnt and used to drive improvements in the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a process in place for reporting accidents and incidents which occurred at the home. These incidents were monitored and reviewed, and appropriate action taken after each incident to ensure the person was safe.

Assessing risk, safety monitoring and management

- Risks to people were identified and plans were in place to minimise those risks. Some plans were in need of further improvements to ensure there was enough information to guide staff to support people safely.

- Concerns with people's health or welfare were not always shared amongst the staff team. A relative told us their loved one had been unwell through the night but no handover of information was shared and day staff did not know the person had been unwell all night.
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use.
- Plans were in place to ensure people's needs would continue to be met in the event of an emergency.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found appropriate legal authorisations were in place to deprive a person of their liberty. However, there were some inconsistencies with the recording of the application of the MCA. Some mental capacity assessments had not been completed in full to assess people's capacity. The provider told us some staff had wrongly thought the care plan was an assessment of people's capacity. This was addressed immediately during our inspection.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were completed on all staff before they started employment. The manager ensured appropriate inductions took place when new staff started.
- There were enough suitably qualified staff to support people safely. Staff told us staffing levels had improved over the last month and were now safe.
- There had been a high turnover of staff in the months prior to the inspection and some staff were new to their roles. We raised some concerns about the skills mix of staff on some floors. The provider agreed to review this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment. Staff had received appropriate training and were clear on the potential signs of abuse and how to raise any concerns they might have.
- People and relatives told us the home was safe. Comments included; "[Person] is safe. Staff look after [person] well", and "Everyone is lovely. I feel safe here."

Preventing and controlling infection

- There was an infection control policy in place that took account of all the relevant guidance.
- Measures were in place to ensure the risks of the spread of infection were reduced. Staff had access to appropriate PPE and wore this as outlined in national guidance.
- The home was clean and well maintained.
- Visits were taking place in line with national guidance. Appropriate measures were in place to prevent visitors from catching and spreading infections.

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 changed 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.

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

- Systems to assess, monitor and improve the quality and safety of service being provided were not always effective.
- Some records of care were poorly completed and not always reflective of the care given. For example, fluid charts did not always show people were supported with appropriate levels of fluid as identified in their care plans. We checked and people appeared well hydrated and were offered more drinks through the day than what was recorded on charts.
- Quality assurance processes had failed to effectively identify and address the issues we found relating to medicines management and record keeping during this inspection.

The provider had failed to effectively assess, monitor and improve the quality and safety of the service provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The manager was aware of what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most records showed people, and where appropriate their relatives, were involved in making decisions about their care. However, some improvement was needed to ensure all care plans clearly identified people's preferences and how staff were to ensure they were followed.
- Staff told us support from managers at the home was inconsistent. Most staff felt the new management team were starting to make improvements and were supportive.
- Most staff told us the culture at the home had improved prior to the inspection. One staff member said, "A few months back I would have said things weren't good. The new managers have started to improve things in the last month. Staffing has got better and communication has improved."
- People and relatives were positive about the care and support at the home. One person commented, "It's a lovely home with lovely staff. I'm well looked after."

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

- Incidents were discussed with people and their relatives where appropriate. There was a clear open and transparent culture. One relative commented, "Communication is excellent. Any problems they [staff] are on the phone straight away."
- There was a duty of candour policy and the manager and provider knew their responsibility regarding this.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to support and improve people's health and wellbeing.
- The management team, including the manager, deputy manager and head of care demonstrated notable passion and commitment to improving the service and were open to feedback from other stakeholders.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not managed safely. The system for ordering, recording and administration was not effective, which placed people at unnecessary risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provided failed to ensure process were effective to improve the equality and safety of the service.