

New Care Lymm (OPCO) Limited

# Statham Manor Care Centre

## Inspection report

90 Statham Avenue  
Lymm  
WA13 9NL

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24 April 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

Statham Manor Care Centre is a newly built care home providing residential and nursing care to people, some of whom lived with dementia. At the time of the inspection there were 20 people living in the home.

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

Systems were in place to monitor the quality and safety of the service. A schedule of audits had been implemented but these could be further developed to improve the effectiveness of the checks. People and their relatives told us the home was well managed and they could raise any complaints or concerns they had with the knowledge they would be listened to, and action would be taken to address the issues.

Systems were in place to manage medicines safely, but they could be improved further and we made a recommendation about this. Staff had undertaken medication training and had their competency assessed and medicines were stored securely. However, records to guide staff when to administer medicines prescribed as and when needed, required further detail.

Most risks had been assessed and were reflected within people's plans of care. People told us they felt safe living in the home. They were supported by trained staff who had been safely recruited and there were enough staff available to support people when they needed it. Effective systems were in place to maintain the safety of the building and help minimise the spread of infections within the home. Staff were aware of their safeguarding responsibilities and how to raise any concerns.

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 made a recommendation regarding the use of mental capacity assessments as they could be completed more robustly.

Records showed that people's nutritional needs and preferences were assessed, and people told us they enjoyed the meals available.

Feedback regarding the care and support people received was positive. People told us they were well cared for, and that staff were kind, caring and worked in ways that protected their privacy.

Staff encouraged people's independence where possible and systems in place supported people to be involved in decisions regarding their care. Most care plans were detailed and reflected people's needs and preferences.

Staff were trained to support people at the end of their lives and support provided to people at those times was complimented by relatives. A range of activities were available for people to participate in, and people were supported to maintain relationships that were important to them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 20 December 2022, and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about the care and support provided to people. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

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.

#### Recommendations

We made recommendations in relation to the management of medicines and completion of mental capacity assessments.

#### 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 caring?

The service was caring.

Details are in our caring 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 ●

# Statham 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 undertaken by 2 inspectors, a regulatory coordinator 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

Statham 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. Statham Manor 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 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete 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 the registered manager, nominated individual, trainer, 3 other members of the staff team. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 7 people living in the home and 4 family members, to gather their experiences.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 4 staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Systems were in place to manage medicines safely, but they could be improved further.
- Information to support staff to safely administer 'when required' medicines was in place but was not always sufficiently detailed to provide clear directions on when to administer them. Updated protocols were provided following the inspection.
- At the time of the inspection there were no homely remedies arrangements in place, which could cause a delay in people receiving medicines when they needed them. However, discussions were underway with the GP practice and following the inspection, the registered manager confirmed these arrangements were in place.
- Not all bottled medicines were dated when opened to ensure they were not administered after the expiry date.

We recommend the provider reviews and updates its procedures to ensure medicines are always managed safely.

- Following recent medication errors, investigations had been completed and actions taken to help prevent them from recurring.
- Staff had undertaken medication training and had their competency assessed to ensure they were able to safely administer medicines.
- Medicines were stored securely, and temperatures were monitored and in range.

### Assessing risk, safety monitoring and management

- Systems were in place to assess, monitor and manage risks.
- Most risks to people had been assessed and were reflected within their plans of care to provide staff with guidance on how to support people safely.
- However, care plans were not always available regarding people's medical needs, such as diabetes, and how these needs should be met. The registered manager took action to address this straight away.
- Regular internal and external checks were made on the building and equipment to ensure they remained safe.
- Personal emergency evacuation plans (PEEPs) were in place, which advised what support people would require in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were managed appropriately.

- Staff had completed safeguarding training, knew how to raise any concerns and had a policy to guide them in their practice.
- People and their relatives told us they felt the home was safe. People told us, "I feel safe, and it is the staff that make me feel safe," "I have always felt safe so far. My friends feel safe as well" and "I am very safe, and everything here makes me feel safe. [Staff] are helpful and kind."

#### Preventing and controlling infection

- Effective systems were in place to manage infection prevention and control.
- An infection control policy was in place; audits were completed regularly, and cleaning schedules had been implemented to help ensure cleanliness of the home and minimise the spread of infections.
- There were adequate supplies of personal protective equipment (PPE) available for use when required. Staff received training in infection prevention and control and the safe use and disposal of personal protective equipment PPE.

#### Visiting in care homes

- People's friends and relatives were supported to visit safely in line with government guidance.

#### Learning lessons when things go wrong

- Records showed that accidents and incidents had been monitored and recorded appropriately. Regular audits were completed to look for trends and help reduce the risk of further incidents.
- Appropriate actions had been taken in response to any accidents and incidents, such as seeking advice from other health professionals when needed.
- The registered manager took steps to ensure lessons were learnt from any incidents and shared these with the staff team.

#### Staffing and recruitment

- There were systems in place to ensure enough safely recruited staff were available to support people in a timely way.
- Records showed that relevant checks had been made to ensure staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.
- Most people told us there were enough staff and they did not have to wait when they needed support. Their comments included, "There are enough staff when I need it," "As far as I can see so far. There is enough staff" and "There are enough [staff]. They are very willing to help me."
- All staff completed training to enable them to support people safely, regardless of their job role. This was to help with continuity of care if any staff were absent and to prevent the use of agency staff.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Procedures were in place to seek and record people's consent, but these could be further improved.
- Capacity assessments were in place for people when there was a concern about their ability to consent to a decision. However, we found instances where assessments had not been completed in a timely way or had not been completed fully or accurately.

We recommend the provider reviews and updates its processes to ensure consent is always sought and recorded in line with the principles of the MCA.

- DoLS applications were made for people when required and systems were in place to manage this process.
- Records were held to evidence when people had legally appointed another person to make decisions on their behalf.
- We heard staff asking for consent before providing support to people.

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

- The provider completed an assessment of people's needs and preferences before they moved into the service to make sure they were understood and could be met.
- Care plans were developed based on these assessments, as well as information and advice from other health professionals.

- There was information available around the home to help ensure staff had the knowledge to provide support in line with best practice guidance, current standards and the law.
- A range of policies were in place to support staff practice.

#### Staff support: induction, training, skills and experience

- Staff received the support and training they needed for their role.
- Staff told us they felt well supported and received regular supervisions. Records showed staff had completed training relevant to their role and additional clinical training was available for nursing staff.
- The provider had developed a new Care Enhancement Programme, to support care staff in their professional development and encourage progression within the service.
- All staff completed a three-day induction when commencing in post, followed by shadow shifts until they were competent to work alone.

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

- Records showed that people's nutritional needs were assessed, monitored and met.
- Staff had access to information regarding people's dietary needs and preferences, which were reflected within plans of care.
- Menus offered people a choice of meals and drinks and they were offered snacks and drinks in between main meals.
- Most people were happy with the quality and choice of meals available. They told us, "The food is very good. I am on a special diet and have my food in small pieces," "The food so always good here" and "The food is good here and it is not just English food."

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

- There was effective working with other agencies to make sure people received all the care and support required to meet their needs.
- Healthcare professionals saw people regularly and referrals to specialist services were made when needed.
- People and their relatives told us they were kept updated and staff contacted GP's quickly when people were unwell.

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

- Statham Manor is a new purpose built home, providing spacious individual ensuite bedrooms and beautifully decorated communal spaces, both internally and externally.
- People's rooms were personalised with items of their choice.
- The environment was decorated to help people's orientation and independence when needed. Equipment such as hoists, handrails and bathing aids were available to aid people's mobility.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and their relatives told us staff were caring and treated people with respect.
- People's comments included, "They are overwhelmingly lovely. They are kind and they come in and chat with me," "They treat me beautifully. They are bright and smiley and friendly" and "Yes the staff are good and kind."
- Relatives agreed and described staff as "Excellent" and "Kind, caring and approachable."
- We observed staff engaging with people during the inspection, in a caring and friendly manner. We saw one staff member give a person a hug and exchange a very warm interaction.
- Information about people's likes, dislikes, wishes, preferences and beliefs were recorded in their care plans and staff were knowledgeable about them. People told us they believed staff knew them well and how they wanted to be supported.

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

- There were systems in place to ensure people had the opportunity to express their views, make decisions about care provided and contribute to the running of the service. One person told us, "They involve me all the time. They ask me all the time."
- Records showed that regular meetings took place with people living in the home, to gather their feedback about the service. Feedback was mainly positive, and it was evident that the registered manager had taken action to address any issues raised at the time.
- A resident's guide was available, which advised people what support they could expect when living in the home. This helped people to make informed decisions.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Care plans reflected what people required support with, but also what they could do for themselves. One person told us, "[Staff] assist us but they don't take over" and another person said, "[Staff] keep an eye on me whilst I'm walking around."
- We observed staff promoting people's independence and dignity during the inspection, such as covering people's legs with blankets and encouraging people's mobility.
- People's personal and confidential information was stored securely in line with data protection laws.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. 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

- There was a personalised approach to planning people's care and support and most care plans were detailed and reflected people's needs and preferences.
- However, some plans required more detail to ensure staff had guidance on how to best support people. For instance, skin integrity plan's highlighted when people needed support to reposition but did not specify how often this support was required. Records of repositioning support provided, were not always completed comprehensively, although there were no people with any skin integrity issues. The registered manager told us they were training a member of staff to be head of care and additional care plan audits would be completed to ensure improvements were made where needed.
- People told us they had choice regarding their care and support and how they spent their time. They said, "I can do what I want to do" and "They know that they that I don't want to get up early and I have a late breakfast."
- Records showed people's care was reviewed regularly and people told us they were asked for their input.

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 support needs were fully assessed and met.
- Care records contained up to date information in relation to people's communication support needs.
- Staff understood how people communicated and encouraged people to use aids and adaptations to help improve their communication, such as hearing aids and glasses when required.

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 and encouraged to participate in activities and events of interest to them and to maintain important relationships.
- People told us their friends and family could visit the home at any time and were always made welcome.
- There was a variety of activities and events that people could participate in if they wanted to, and these were advertised within the home. This included activities such as board games, crafts, films, quizzes and walks.

- Relationships had been made with the children's nursery based in the same grounds as Statham Manor and the children visited on the day of the inspection. We observed people engaging with the children, potting flowers and having a nice time.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which detailed how complaints would be managed and these details were reflected within the service user guide, which is provided to people when they move into the home.
- People told us they knew how to raise any concerns they had and would be comfortable letting the staff know if they had any issues. They told us, "Yes I could make a complaint," "I could tell the carers" and "I could complain if I needed to, I would go to the management."
- People's relatives agreed and told us, "I haven't made complaints, but I know they would listen to me" and "Yes they seem to take note of what I say to them."

#### End of life care and support

- Procedures were in place to ensure people received compassionate and dignified end of life care and support.
- Staff had undertaken training and a policy was in place to support staff practice.
- Care plans showed that people had been given the opportunity to discuss their end of life wishes, although some of these plans could be more detailed to reflect people's preferences. The registered manager was in the process of implementing emergency health care plans with the GP to ensure robust plans were in place for people.
- Relatives complimented the end-of-life care provided to their loved ones. One relative told us, "They have supported us both and our families with the end of his life."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems were in place to monitor the quality and safety of the service.
- The registered manager and provider had implemented a schedule of audits to be completed at different intervals throughout the year, to monitor the service. As the service was newly registered, not all audits had been completed, but those that had, had identified actions for improvement.
- Care plan and medication audits could be completed more frequently, or a higher percentage of records be audited, to help improve their effectiveness further.
- The registered manager responded quickly to make improvements when they were identified.

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

- The culture of the service helped ensure good outcomes for people.
- People, relatives and staff told us the home was well managed and the registered manager communicated well with them. Comments included, "Yes, I know her. She seems to be approachable and friendly" and "[The registered manager] is excellent."
- Staff told us they enjoyed their job and were well supported by the registered manager. They said, "I love working here. We are all a team. The managers are lovely and supportive" and "It's a very friendly place to work. Managers are approachable."
- Feedback regarding staff support was complimentary. Comments included, "They look after me well," "They are all very caring. They're all very approachable. We can visit at any time. It is very welcoming," "I like it here this is very convenient. They are very nice to me" and "I am so happy here that I would like to stay here."

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

- Managers and staff had a good understanding of their roles and responsibilities and regulatory requirements.
- The registered manager understood and acted on the duty of candour, they were open and honest with people, their family members and relevant others about things that had gone wrong.
- The registered manager knew which events they were required to notify CQC about and had submitted notifications in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager liaised with other professionals to help ensure people's health and care needs were met. Referrals were made to other professionals when required for their specialist advice and support.
- People, family members and staff were engaged and involved in the running of the service using feedback, meetings and informal discussions.
- Relatives told us they were well informed and always kept updated.