

Manor Park Care Limited

# Manor Park Nursing Home

## Inspection report

3 Ellenborough Park North  
Weston Super Mare  
Somerset  
BS23 1XH

Tel: 01934414111  
Website: [www.manorparkcare.com/](http://www.manorparkcare.com/)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Manor Park Nursing Home is a care home providing accommodation for up to 52 people who require nursing or personal care. At the time of our inspection 45 people were living at the service. The service specialises in caring for people who are living with dementia. Manor Park Nursing Home is beside the sea front, and the original building has been adapted and extended to meet people's needs.

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

People were safe living at Manor Park Nursing Home. Staff knew how to recognise and report abuse. Risks to people were assessed and mitigated. There were enough staff to meet people's needs and staff were recruited safely.

People received their medicines safely. There were a range of health and safety checks in place to ensure the environment was safe. Learning from incidents and accidents was cascaded to the team. There were appropriate infection control measures in place, however we observed one occasion where the measures were not being followed.

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.

There were effective systems in place to monitor the quality and safety of the service. People's relatives and staff were positive about the management of the service and staff team. There was a positive culture within the service, staff said morale had improved and spoke positively about the people they supported.

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

The last rating for this service was requires improvement (published 28 July 2022).

### Why we inspected

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

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Manor Park Nursing 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 was carried out by 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

Manor Park Nursing 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. Manor Park Nursing Home 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 were 2 registered managers in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

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 reviewed information we had received about the service. We sought feedback from the local authority. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people and 3 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 11 members of staff including the registered managers and deputy manager. We received feedback from 2 visiting professionals who worked with the home.

We reviewed a range of records. This included 5 people's care records. We checked 6 people's medicines records and associated care records. We also looked at arrangements for administering, storing and managing medicines. We looked at 3 staff files in relation to recruitment. 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection (published July 2022) we made a recommendation the provider reviews and improves safe storage and accurate record keeping in relation to medicines. At this inspection we found improvements had been made.

- People received their medicines safely and as prescribed. The provider had an electronic system in place which informed staff of when and how people took their medicines.
- The nurses were responsible for administering people's medicines. The nurses received regular training in medicines, however annual checks of their competency to administer medication had expired. We discussed this with the registered manager who had a plan in place to address this.
- Stock checks on medicines were carried out regularly by the nurses, we found a discrepancy in the stock of one medicine. We raised this with the registered manager who told us they would investigate the discrepancy.
- The processes for recording when topical creams and lotions were applied had improved, care staff signed records to confirm when these had been applied. When creams and ointments had been opened, these were dated to enable staff to know when they should be discarded.
- Protocols were in place for when people might need additional medicines (PRN). The registered manager told us additional information was going to be added to protocols to provide more detailed guidance for staff to know when to administer each medicine.
- Some people received their medicines covertly; this is when medicines are disguised in food or drink. Appropriate mental capacity assessments and best interest decisions had been completed with involvement from relevant parties such as the GP and people's relatives. These decisions were recorded and reviewed.
- Medicines were stored securely, included those that required additional storage. Regular temperature checks were taken of the medicines room and medicines fridge.

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).

At our last inspection we made a recommendation the provider continued their planned review of mental capacity assessments and best interest decisions to ensure records were specific and reflected the principles of the MCA. At this inspection we found improvements had been made.

- We found the service was working within the principles of the MCA. MCA assessments had been carried out where necessary in relation to people's care and support needs. This meant that people's rights were fully protected.
- Where the home found a person lacked the capacity to make a specific decision, this was followed up with a best interests meeting. The meetings or discussions involved the person, those closest to them and professionals involved in their care. Areas covered included, the use of bed rails, sensor mats and vaccinations.
- We observed staff seeking consent and offering choices during the inspection.
- Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.

#### Assessing risk, safety monitoring and management

- Risks to people had been identified and recorded, clear management plans were in place to reduce the risks.
- Care plans contained risk assessments for areas such as skin integrity, moving and handling, falls, and choking. These had been regularly reviewed, however we found 1 example where a risk assessment was not reviewed following a recent incident. The registered manager confirmed this was completed during the inspection.
- Where people had risks associated with skin integrity, care plans told staff how to reduce the risks. This included the use of pressure relieving equipment and regular repositioning.
- Some people could become anxious leading to incidents where they caused harm to themselves or others. There were detailed plans in place informing staff of what could cause the person to become anxious and how to respond if they did. This enabled staff to support people to avoid these triggers where possible. We observed staff interacting with a person who was becoming anxious, the staff member diffused the situation through reassurance and distraction avoiding a potential incident. A relative told us, "They [Staff] are lovely, I have never seen a flicker of impatience, they lead people away and/or distract them."
- Regular checks and monitoring were in place to ensure environmental risks were assessed. We saw records which showed building, equipment and fire safety were monitored and issues were addressed as required.

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

- People were protected from the risk of abuse and harm. People's relatives told us people were safe at Manor Park Nursing Home. One relative told us, "[Name of person] is definitely safe, the staff are exemplary, I can't fault them for the love and care they give people."
- There were systems in place to protect people from abuse. Staff were aware of the systems, and they told us they would report any concerns through the appropriate channels. One staff member told us, "Any concerns would be reported to the managers, I am happy it would be managed any issues are taken seriously. I know I can report to CQC and am aware of whistleblowing, I have never had to use it but definitely would." Staff received safeguarding training.
- The registered managers understood their responsibilities in relation to safeguarding. Safeguarding concerns had been reported to the local authority and the Care Quality Commission (CQC) as required.

## Staffing and recruitment

- There were enough staff available to meet people's needs and keep them safe.
- Staff told us there were enough staff and staffing had improved. One staff member told us, "Now we have enough staff. It's very good now." Another staff member commented, "I think we are quite ok with staff; the managers will help, we manage to cover any shifts." Where people had 1 to 1 staffing hours allocated these were provided.
- The service had allocated staffing for each of the 4 lounge areas in the service, this included the allocation of a 'lounge leader' and a core team of staff working in that area. The lounge leader was responsible for ensuring oversight of people's needs being met on a day-to-day basis. One staff member told us, "Every day we have enough staff, it's easy to give food and fluid in the 4 lounges and person-centred care, there are enough staff."
- There were also additional staff on shift each day that were able to offer support, including the wellbeing manager, floor manager and deputy manager. Staff confirmed the registered managers also helped out when needed.
- Staffing rotas demonstrated shifts were covered.
- Systems and processes in place supported the recruitment of staff who had been assessed as safe to work with vulnerable adults.
- Pre-employment checks included the completion of a Disclosure and Barring Service (DBS) check, interview record, proof of identity and evidence of conduct in previous employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed 1 of the housekeeping staff cleaning an area of bodily fluid with a mop and bucket, they did not refresh the water before moving to another area of the service. We discussed this with the deputy manager who told us they would address this.
- 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 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

The service was conducting care home visits in line with government guidance. There were no restrictions on visiting.

## Learning lessons when things go wrong

- There were systems in place to learn from incidents and when things went wrong. All accidents and incidents were reported and recorded.
- The registered manager reviewed all incidents, and these were uploaded to the provider's system. Incident and accident audits were carried out monthly to analyse them and identify any themes and trends, this could prevent further incidents. The registered manager showed us evidence of incidents of falls reducing based on actions taken.



- Staff told us any learning from incidents was shared via handovers and daily meetings. We observed meeting minutes where nurses had carried out reflective practice following an incident.

# 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 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.

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

- There was a positive and person-centred culture within the service. The registered managers were passionate about the service and people achieving positive outcomes. A relative told us, "I am more than happy, it is a serene and contented place."
- Staff told us morale had improved and it was currently good and they worked well together as a team. One staff member told us, "We get on very well and mostly we are a happy team. We don't stand for any discrimination at Manor Park we are a team, we are one."
- People and their relatives knew who the registered managers were and felt able to approach them. One relative told us, "The managers are approachable."
- Staff commented positively about the registered managers and overall management of the service. One staff member told us, "They [Managers] listen to everyone, they are very good." Another staff member commented, "The managers are friendly, we can say anything to them, they are good approachable managers."

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

- The registered managers understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. We saw examples of where the service had enacted on their duty of candour, for example informing people's relatives when incidents and accidents had occurred.

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

- There were systems in place to monitor the standards of the service. The systems were effective in identifying any shortfalls and ensuring action was taken to rectify these.
- The registered managers and provider had a range of quality assurance checks in place, areas covered included health and safety, training, safeguarding, falls, incidents, and medicines.
- The provider arranged for out of hours visits and walk arounds to be carried out to complete checks and observations of the service. Action plans were created as a result where required.
- There was a clear management and staffing structure in place. Roles and responsibilities within the team had been defined.
- Statutory notifications were submitted as required. Statutory notifications are important because they

inform us about notifiable events and help us to monitor the services we regulate.

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

- There were systems in place to engage people and their relatives in the service.
- People, relatives, staff and professionals were asked for their feedback via surveys, the results of the latest survey were being collated. Following the survey, the service created 'You said, We did' information to demonstrate they had listened to the views of others and acted on information received. Communication had been an area of improvement and there were details of the actions the provider had taken to improve this.
- There was effective communication in place between management and the wider staff team, records confirmed staff meetings were taking place. Daily meetings were held with all departments to receive any updates and share information, daily handovers were also held at each change of shift. Team meetings were held with departments, staff told us they were able to speak up in these meetings and felt listened to.

Continuous learning and improving care; Working in partnership with others

- The registered managers had systems in place to review and learn from any incidents.
- The service was in the process of reintroducing the 'Butterfly Approach' to supporting people living with dementia. This model of care focuses on delivering emotion-focused care that connects with people in a dignified, human way. It addresses the holistic needs of the individual and supports quality of life for each person living with dementia across the whole of their lived experience.
- The service worked in partnership with other organisations to support care provision. For example, a range of professionals such as GPs, the mental health team, and a range of other professionals. A health professional commented, "The staff communicate well with all professionals, meetings are well presented and professional from all staff."
- The service had links with local facilities such as the library and museum, which people were supported to visit if they wished.