

Mr Olu Femiola

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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Manor Park Care Home is a care home which provides accommodation and personal care and support for 22 younger adults who are living with a mental illness. There were 15 people using the service at the time of the inspection.

People's experience of using this service:

- Staff were kind and caring and there were sufficient numbers to keep people safe and to meet their care needs.
- People were supported by staff who were motivated, enjoyed their job and felt well supported through supervision and training.
- Care plans were up to date and detailed exactly what care and support people wanted and needed.
- Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified.
- People felt safe at the home and appropriate referrals were being made to the safeguarding team when necessary.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Medicines were being administered safely and people's health and dietary needs were met.
- Activities and outings were arranged to keep people occupied.
- The home was clean and tidy.
- There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.
- The registered manager provided staff with leadership and was approachable. Audits and checks continued to be used to drive improvements to the service people received.
- People's feedback was used to make changes to the service, for example, to the menus and activities.
- We have made a recommendation about improving the audits of the environment and monies held on

behalf of people using the service.

Rating at last inspection: Good (Report published 13 October 2016). The overall rating has remained the same following this inspection

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

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.

Inspection team:

One inspector completed this inspection.

Service and service type:

Manor Park Care Home is a care home which provides personal care and support to adults living with mental health issues. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in September 2016. This included details about incidents the provider must notify us about. We assessed the 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 used all this information to plan our inspection.

We spoke with seven people who used the service, three care workers, the cook, one housekeeper and the registered manager.

We looked around the home and reviewed a range of records. These included three people's care records

and medication records. We also looked at some records relating to the management of the service

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- Risks to people's safety were assessed and plans put in place to try and keep people as safe as possible.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said. "If I want to go out staff will come with me."
- Staff also discussed keeping safe at 'resident meetings.'
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.
- The registered manager held money on behalf of some people for safekeeping. Checks were in place to make sure people were protected from any financial abuse.

Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery.
- The registered manager kept staffing levels under review to ensure there were enough staff on duty to meet people's needs and keep them safe.

Using medicines safely

- People using the service were supported to take their medicines by staff who had been trained to do this safely.
- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff completed training in infection control. Gloves and aprons were available and waste was disposed of correctly.
- The home was clean, tidy and odour free. People's comments included, "Staff help me keep my room clean and tidy. My room is brilliant!"
- The service had recently been given five stars for food safety, which is the highest award which can be given.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which helped to prevent a reoccurrence.

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

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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- People visited the service and could stay for a meal to help them decide if they wanted to live at Manor Park Care Home.
- People's care and support needs were discussed with them and a care plan put in place before they moved in.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff told us the training on offer was good and relevant to their role.
- Staff were given opportunities to review their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles

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.
- People liked the food and said there was always a choice available. Comments included, "The food is nice, I'm having beef stew for lunch." "The food is good, there is plenty to eat and drink."
- The chef had a good understanding of people's dietary needs and menus showed a choice and variety of meals. People were offered a choice of drinks and snacks throughout the day.
- People's weight was monitored for any changes. The chef was talking to some people about eating a healthier diet.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had developed links with social workers, the community mental health team, independent mental capacity advocates and health care professionals.
- If people's needs changed the links required to get support from other agencies were in place.
- If someone needed to go to hospital a system was in place to make sure the relevant information would be sent with them.

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

- People using the service could find their way around the building without the need for signage.
- The registered manager told us they would be extending the service to care for people living with dementia. They were aware significant improvements to the home would be needed to create a 'dementia

friendly' environment.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were supported. Records showed people had been seen by a range of health care professionals including GPs, district nurses and opticians.
- People said if they needed to support to go to an appointment a member of staff would go with them. One health care professional had commented, "I feel the staff always ring me and keep me up to date with any changes with regards to my clients. I feel staff support clients to appointments, report safeguarding issues and are excellent at liaising with client's family. Staff work extremely hard to maintain high levels of support in difficult situations."

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

- The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- The registered manager ensured when specific conditions had been attached to DoLS authorisations these had been met.
- The registered manager ensured when someone lacked capacity the best interest process had been followed when a specific decision had needed to be made. For example, involvement of health care professionals before medicines were given covertly (hidden in food or drink).
- Unless relatives had the appropriate legal authority to be involved in the decision-making process, the best interest decision making process had been used.
- Staff spoke with people before any care and support was delivered to get their consent.

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

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 looked comfortable and relaxed in the presence of staff. One person told us, "The staff care for you."
- People told us they were happy living at Manor Park Care Home.
- Staff knew people well and engaged with them at every opportunity. Staff were caring and considerate and listened to what people had to say.
- People were content and happy in the company of staff.

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

- Staff supported people to make decisions about their care. People's views had been clearly recorded in their care plans.
- People told us they went to the resident's meetings and told us their requests were listened to and acted upon.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff knew people well, their individual likes, dislikes, life history and interests.
- People looked well cared for and staff offered appropriate support to make sure people were well presented.
- Staff supported people in a caring way to promote their independence. Being more independent was discussed at 'resident's meetings.' People were encouraged to help with daily chores, such as, setting tables and cleaning.
- People were supported to maintain relationships with friends and relatives, who were welcome to visit at any time.

Is the service responsive?

Our findings

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

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

- People received personalised care from staff who knew them well. An external trainer had commented on a survey, "Staff are responsive to the needs of service users, I have observed this on each visit."
- People's care needs and preferences were reflected in their care plans. People had been involved in designing their care plans and in the care plan reviews.
- Staff understood people's communication needs. These were identified, assessed and recorded in people's care plans.
- Staff organised activities, entertainment and outings to keep people occupied. People told us they had asked for trips out to Blackpool and Skegness. Staff told us these trips were being arranged and they would be using the homes mini bus.
- Two staff told us they were taking the lead for improving opportunities for people to participate in their local community.

Improving care quality in response to complaints or concerns

- People told us if they had any concerns or complaints they would tell a member of staff.
- People could also write any complaints or compliments in a book in reception. There had been no entries this year.

End of life care and support

- People had been asked about their end of life care wishes, but had not always wished to discuss these. The registered manager was aware this was an area which needed to be addressed.

Is the service well-led?

Our findings

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Quality assurance systems were in place, however, these had not always been effective in identifying areas for improvement. At the last inspection in September 2016 there were some issues raised in the report which the registered manager told us would be dealt with. For example, radiator guards in bedrooms and the front garden which was becoming overgrown. However, on this inspection we found two unguarded radiators in bedrooms and the front garden was also becoming overgrown.
- Hot water temperatures had not always been taken monthly and action had not always been taken when water had been identified as being too hot. This had not been picked up by the providers audit which had been completed in March 2019.
- Whilst the amounts of money held on behalf of people was correct, there had been errors in the documentation. Some records were unclear as entries had been over written and on one record £20 had been booked instead of £40.

We would recommend audits of the environment and money are improved to make sure any issues are picked up and rectified.

- There was a registered manager in post who provided leadership and support.
- There was an open and friendly culture in the home and staff told us the registered manager was approachable and supportive. Staff told us the service felt like a large family.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a registered manager who was supported by a team of senior care workers.
- The home was well run. The registered manager and staff were committed to providing good quality, person-centred care.

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

- People who used the service were involved in day to day decision about what they wanted to eat and what social activities they wanted to take part in.
- Meetings were held to discuss what people wanted from the service and these were responded to.
- Staff meetings were held and staff were also consulted during handovers between shifts.
- The registered manager made themselves available to people who used the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change and were committed to providing the best service possible.
- The registered manager demonstrated an open and positive approach to learning and development. They had links with training organisations attended Bradford managers association meetings and had links with other homes.

Working in partnership with others

- The registered manager had some links with the local community and key organisations to benefit people living in the home and to help with the development of the service.
- The registered manager attended meetings held by Bradford Council, this enabled them to keep up with best practice issues.