

Manor Park Care Limited

Manor Park Nursing Home

Inspection report

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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 with nursing. It provides nursing and personal care for up to 43 people who are living with dementia. At the time of our inspection 39 people were living in the care home. Building works are currently being undertaken in the grounds, with plans to add a further 20 bedrooms to the home.

What life is like for people using this service:

People were protected because staff were safely recruited. Sufficient checks were completed before staff started in post.

People received personal and nursing care from staff who were well trained and sufficiently supported in their roles.

Risk assessments and risk management plans were in place to make sure people received the care they needed and actions were taken when conditions changed.

Relatives told us they were confident that staff supported people to make sure personal care needs were met.

Quality assurance systems were in place, and when shortfalls were identified, actions were promptly taken.

The registered manager understood their responsibilities for sending notifications to CQC.

The service met the characteristics of Good in the two key questions we inspected. Therefore, our overall rating for the service after this inspection remained Good.

More information is in detailed findings below.

Rating at last inspection:

Good (report published in September 2018).

Why we inspected:

This was a focused inspection, undertaken in response to concerns we had received about the service. We had received two recent safeguarding concerns. One related to the care a person received before they were admitted to hospital and the other related to a person admitted to hospital with a pressure ulcer. The concerns were, later, not substantiated. We had also received a recent notification from the care home about another person who had acquired pressure ulcers.

Follow up:

We will continue to monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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. 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:

The inspection team consisted of one inspector.

Service and service type:

Manor Park is a care home with nursing that provides nursing and personal care. There was a registered manager in post. 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.

Notice of inspection:

The inspection was unannounced, so the provider, registered manager and staff team did not know we would be visiting. The inspection was undertaken on 9 April 2019.

What we did:

Before the inspection we reviewed information we held about the service and the service provider. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we met with the owner, the registered manager, the care manager and seven staff that included care, administration and laundry staff.

Most people were unable to tell us about their experiences of living in the home. We spoke briefly with three people. We observed how people were being cared for, in their rooms and in the five communal areas of the home. We checked the equipment used to support people, such as hoists and pressure relieving equipment.

We reviewed records that included three care plans, daily monitoring records and medicines records. We looked at records relating to the management and monitoring of the service. These included audits and quality assurance surveys.

We spoke on the telephone with relatives of four people who used the service. We received written feedback from three health professionals who had recent experience of working with the care home.

After the inspection we received further information we had requested relating to the monitoring and management of the service.

Our findings

The reason for undertaking this inspection is detailed in the summary section of this report.

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

Overall, people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risk assessments were completed that included risks associated with skin condition, eating and drinking, mobility, the environment and moving and handling. Management plans were in place that included details of how to use equipment safely, such as hoists and slings.
- Repositioning charts were completed for people with skin damage or who had been assessed as at risk of developing skin damage. Staff understood the importance of supporting people to change position regularly. In addition, changes had recently been made to improve the record keeping for the application of skin creams.
- We checked two people who were supported with alternating air pressure relieving mattresses. Systems were in place, with 'pressure setting' sections on people's repositioning charts, to check the pressure settings were correct for the weight of each person. In addition, following our last inspection, stickers had been attached to the pressure relieving mattress pumps to remind staff of the correct settings. The stickers were not in place at the time of our inspection, and the settings were incorrect. The shortfall was rectified before the end of our inspection. The shortfalls would have been identified when the management team completed their weekly checks. Following the inspection, the registered manager confirmed they had introduced additional daily checks to make sure pressure mattress settings were consistently and accurately maintained.
- People were assessed and, if needed, were provided with bed rails. For one person with a pressure relieving mattress and bed rails, the height of the bed rails above the mattress did not meet current national health and safety guidelines. We had a discussion with the registered manager. They told us the person was immobile, so the risk of them falling over the bed rails was minimal. However, they still took action and replaced the person's bed and bed rails the day after our inspection.
- One first floor area of the home had four bedrooms, three of which were occupied. The shaft lift for this area had not been working since June 2018. The registered manager told us the risk assessments, which they updated regularly, continued to show the three people remained safe. They were assessed as being able to safely use the stairs to access the ground floor. In addition, the registered manager had notified the CQC.

- Accidents, incidents and near misses were reported and recorded. Reports were followed up after 24 hours by the registered manager or the care manager to make sure appropriate actions had been taken. In addition, records were analysed so that themes or trends could be identified, and action taken to reduce recurrences.
- People were supported with food and fluids and for people at risk of malnutrition or dehydration, monitoring charts were completed to record what people had to eat and drink.
- Medicines were safely managed. People were supported to take their medicines as prescribed.
- Systems were in place to safely store, record, administer and dispose of medicines.
- Monthly audits were completed, and actions taken when shortfalls were identified.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff said they would report any concerns to senior staff or the management team. One member of staff said, "I'm very confident actions would be taken straight away if there was any suggestion of abuse. So confident in fact, I'd put my Mum in here."

Staffing and recruitment

- Systems were in place and staff were safely recruited. Appropriate checks that included Enhanced Disclosure and Barring Service (DBS) checks were completed. These checks ensure that staff barred from working with people, such as those living in care homes, are identified.
- Staff received an induction when they started in post. Staff told us they were supported with supervision and training. They all spoke positively and enthusiastically about the nationally recognised dementia training programme they had completed. Comments included, "We all just want this to be the best for people who live here," and, "Using what we've learned with the Butterfly training has made a real difference. One person was really introverted when he moved in here. In a couple of months, he was like a different person and enjoyed singing."
- The registered manager told us they did not use agency staff because they wanted to ensure that people were supported by staff who were familiar to them. Staff also spoke positively about the consistency of the staff team. They told us they knew people well and recognised when people were unwell and when their condition had changed, even if people were not able to verbally communicate how they were feeling. For example, a member of staff told us about one person, "She used to hit out if she wasn't well or if she was in pain. She doesn't do that now, but she does cry if she's not well."
- People and their relatives told us they were very happy with the care they received. People looked very comfortable in the presence of the staff that supported them. There were five lounges in the home, and staff were allocated to provide support to people in each lounge to ensure consistency. There was friendly conversation and staff took all available opportunities to engage and include people in conversation and activity. A relative told us, "I think there's enough staff although they're always very busy."

Preventing and controlling infection

- Staff told us they were provided with personal protective equipment such as aprons and gloves to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- The registered manager analysed information to make sure they responded and made improvements when shortfalls were identified. For example, they had introduced a more robust system for monitoring and recording details of people's wounds and changing skin conditions. In addition, staff had recognised they needed to report changes promptly.

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.

The service was well-managed and well-led.

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

- Systems were in place to monitor and evaluate the quality of the service provided. Regular audits were undertaken that included care records, medicines management, accidents and incidents and health and safety. Actions were taken to make improvements.
- The action plan for March 2019 included a planned date for additional pressure ulcer management and for the pressure ulcer link nurse to attend further enhanced training.
- In response to people not always being encouraged to the dining table for meals, the action plan also included that all staff were to, 'Remind in handover that better dining experience around a table. Better conversation/engagement.'
- The registered manager acted promptly, before the end of the inspection process, to address the shortfalls we found and reported on in the safe section of the report.
- All staff were clear about their roles and responsibilities. Guidance was provided by the management team and supported by policies and procedures.
- The management team had recently been strengthened with the creation of a new 'floor manager' post, to provide support to care staff, to monitor personal care delivery and completion of supporting records.
- The registered manager knew what notifications they had to send to the CQC. They acknowledged a delay in the reporting for one person and told us how they would ensure timely reporting in the future.

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 registered manager and the staff team had a focus on making continuous improvements to the service people received.
- Everyone spoke positively and told us how well the home was run. A relative said, "They always keep me up to date and the manager is really good, so approachable. My relative is very lucky to be there."
- Staff were motivated and spoke positively about the support they received from the registered manager. Comments included, "I felt welcomed when I came to work here. It feels like a real team. I think the

management are brilliant. They are so passionate and want the home to be the best it can be for the people who live here," and, "No one can hold a candle to her. She's the best manager and so hard working."

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

- The service promoted and encouraged open communication amongst everyone who used, and worked in, the service. There were good relationships between people, relatives and staff and this supported effective communication on a daily basis.
- Regular meetings were held with staff and they told us their views were listened to and acted upon.
- In addition, a senior member of staff was an ambassador for, and coordinated positive mental health at work support groups. A charter had been developed so staff could be reassured about sharing their experiences. The registered manager told us how much staff had benefitted from this additional support system, and how staff retention had improved since it had been introduced.
- Surveys were completed and relatives, health professionals were asked for their views. Everyone was confident their views, opinions and feedback would be listened to and acted upon. One health professional had provided feedback that Manor Park was a 'Great Nursing home. Very efficient and competent. Residents are well looked after... Staff are knowledgeable and professional'.

Continuous learning and improving care

- The management team had made improvements to the recording and monitoring of people's skin conditions. A wound summary showed details of people with deteriorating or changing skin conditions, and the actions that were being taken to monitor and prevent further deterioration. In addition, the team recognised they needed further training and development in this area and training had been booked.
- The management team and staff were very proud of achieving accreditation as a nationally recognised 'Dementia Care Matters Butterfly Service' for the quality the service they provided for people living with dementia.
- Continuous actions and improvements were being made in response to feedback from the audit undertaken by the Dementia care Matters team.
- The management team welcomed and supported staff to complete additional training and undertake 'link' roles. Following on from the most recent infection control audit discussions had taken place and staff had been invited to take on this role.