

# Review of compliance

CC Care Limited **Manor Park Nursing Home**

<b>Region:</b>	Yorkshire and Humber
<b>Location address:</b>	Manor Park Leeds Road Cutsyke Castleford West Yorkshire WF10 5HA
<b>Type of service:</b>	Care home with nursing
<b>Publication date:</b>	April 2011
<b>Overview of the service:</b>	<p>Manor Park is a care home that provides both residential and nursing care for seventy four people.</p> <p>It is situated in Cutsyke, close to the town of Castleford and transport facilities including train and bus services. It has its own car park within its grounds.</p> <p>People live in their own ensuite single rooms in There are three separate units within the home</p>

	that are divided into nursing care residents, residential care residents and accommodation for people with dementia.
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Manor Park was not meeting one or more essential standards. Improvements were needed.**

The summary below describes why we carried out the review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 March 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

### What people told us

People were happy to speak to us about the care they received while living at Manor Park nursing home.

People said that the staff were polite and sensitive when providing care. People felt that the standard of care was good.

People said that their preferences were listened to when they started living at the home.

People said that their condition had improved since they started to reside at the home.

### What we found about the standards we reviewed and how well Manor Park was meeting them

**Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People are treated with respect and supported in a way that upholds their dignity. People felt that their care was sympathetic to their needs.

- Overall, we found that Manor Park was meeting this essential standard.

**Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

People reside in a home that has systems in place to ensure appropriate consent to treatment or care is sought where relevant.

- Overall, we found that Manor Park was meeting this essential standard.

**Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

People at the establishment looked well cared for and those we spoke to confirmed that they felt that the quality of care they were receiving was good.

Care plans and particularly risk assessment information is inconsistent. In some cases risk assessments had not been carried out which left people at risk of not receiving safe and appropriate care. It was not clear from the care records examined that people receiving care or their chosen representatives had been involved in the care planning process. We have minor concerns about this and a compliance action has been made.

- Overall, we found that improvements were needed for this essential standard.

**Outcome 5: Food and drink should meet people's individual dietary needs**

People are supported to receive good nutrition and hydration.

- Overall, we found that Manor Park was meeting this essential standard.

**Outcome 6: People should get safe and coordinated care when they move between different services**

People at the establishment receive input and care from healthcare professionals when required.

- Overall, we found that Manor Park was meeting this essential standard.

**Outcome 7: People should be protected from abuse and staff should respect their human rights**

People felt safe. Processes are in place to ensure staff are aware of and follow safeguarding procedures.

- Overall, we found that Manor Park was meeting this essential standard.

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

People are able to live in a clean and pleasant environment.

- Overall, we found that Manor Park was meeting this essential standard.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

People's medication is stored and managed safely, and people receive medication in a service with up to date training and procedures for staff to follow.

- Overall, we found that Manor Park was meeting this essential standard.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

Overall people reside in a home that provides a comfortable and well maintained environment.

However the environment on the EMI unit must be reviewed and made compatible with the residents who reside on the unit as a number of issues were found that could cause vulnerable residents to become disoriented and confused. The security arrangements for rooms to which only authorised personnel should be allowed access on the residential unit are insufficient and need to be reviewed. We have minor concerns about this and a compliance action has been made.

- Overall, we found that improvements were needed for this essential standard.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

Equipment in the home is suitable and maintained.

- Overall, we found that Manor Park was meeting this essential standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People at the home are cared for by staff who are recruited through appropriate recruitment processes.

- Overall, we found that Manor Park was meeting this essential standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

People receive care at Manor Park at which with the current resident numbers and mix of people there are sufficient staff to meet peoples needs. However on the dementia care unit there was evidence that staffing resources were stretched and this was beginning to have an impact upon the time and resources available to observe people. An improvement action has been made.

- Overall, we found that Manor Park was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Staff working at the home felt supported by management. However training rates in nutrition, pressure care and challenging behaviour are low, and specifically in relation to challenging behaviour is putting staff at risk as they are unsure how to deal with residents who become violent. We have moderate concerns this and a compliance action has been made.

- Overall, we found that improvements were needed for this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People reside at a home which has systems in place to monitor and assess the outcome for people.

- Overall, we found that Manor Park was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

People are able to raise complaints and concerns.

- Overall, we found that Manor Park was meeting this essential standard.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

People's records are kept confidential and their records are kept to help maintain their health and safety in the home.

- Overall, we found that Manor Park was meeting this essential standard.

**Action we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns, we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**What we found**  
for each essential standard of quality  
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

**The provider is compliant** with outcome 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
Residents spoken to at inspection stated that they were happy with the standard of care that they received and felt that staff treated them with respect and dignity. Comments included:  
" The standard of care here is good"  
"Staff are kind, polite and sensitive when supporting me with personal care"  
"Staff are excellent, they respond to my buzzer within seconds".

**Other evidence**  
During inspection staff were seen to treat residents with dignity and respect. At no time did staff seem too busy to stop and talk to residents, reassuring them or helping them with what they were doing. The home was peaceful and had a pleasant, sociable atmosphere. Mealtimes at the establishment were unhurried. Staff were observed to knock on the doors of resident's bedrooms and wait for response before entering.

A religious service is held in the residential section of the home each week and all residents are invited and assisted to attend. Residents interviewed spoke of attending events at the home such as singers/musicians and bingo.

The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission:

The care home involves service users in decision making about their care and residence through pre admission assessment and visits. Rationale and explanation of issues is discussed with residents when delivering care and carrying out assessments or drawing up care plans. At present the manager is auditing and rewriting all care plans to make them more person centred. Residents and relatives are provided with a welcome pack including complaints information, statement of purpose and a service user guide on admission. Residents are encouraged to be part of the local community and are encouraged to vote and many attend local social clubs in the area. Local schools and volunteer groups work with the home.

**Our judgement**

People are treated with respect and supported in a way that upholds their dignity. People felt that their care was sympathetic to their needs.

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

## What we found

### Our judgement

**The provider is compliant** with outcome 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
There were no comments made from people who live in the home about consent to care and treatment

**Other evidence**  
The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.  
Consent is sought before care or treatment is provided, in some instances this will be verbal. Issues of capacity are discussed with relatives and residents on admission and again at any change in condition. Discussion in relation to end of life care are undertaken with resident, family and health professionals and are reviewed annually by GP in liason with family in relation to end of life decisions. Risks and benefits of care are discussed with residents and relatives at care plan reviews and again if any change in condition. The manager is in the process of seeking deprivation of liberty training for staff.

**Our judgement**

People reside in a home that has systems in place to ensure appropriate consent to treatment or care is sought where relevant.

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

### Our judgement

**There are minor concerns** with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
At inspection we spoke to a number of residents and the home and some relatives. All that we spoke to were positive about the care that they received. It was also evident from both discussion with residents and review of care records that the conditions that residents had presented with at the start of their residence at the home had improved, in some cases significantly. Some examples of what people told us are as follows:  
"The care here is good"  
"he looks so much better now than when he was first admitted"

**Other evidence**  
At inspection it was found that there were care plans in place for all residents. A number of residents care and treatment were 'case tracked' as part of this inspection. It was found that in some cases care plans were detailed, well completed, and assisted with the ongoing improvement and quality of care being delivered to residents. In some of the cases tracked nutrition and pressure care assessments and care plans were in place and as a result appropriate equipment and assistance was also in place, including tissue viability nurse assessments. One resident was found to have gained weight significantly since admission. In other cases it was found that a resident's care plan did not include assessments

for bed rails (despite having them), manual handling, nutrition, continence or falls (despite the resident being at risk of falling). Where assessments and care plans were in place they reflected input from healthcare professionals. In summary whilst care planning information was good for some aspects of residents care such as the management of the pressures sores, it was not available for a number of other aspects of a person's care. Therefore staff were not being provided with clear written information and instruction with regard to the person's specific needs in relation to these areas. In one instance a person was observed to have bruising to her face. Staff explained that she had fallen out of bed and sustained these injuries. On closer inspection of this service user's care records it was found that this person had not been assessed for bedrails.

Where care plans indicated that service users required 1 to 1 assistance with eating, or aspects of personal care residents when interviewed explained that this was always provided by staff.

Assessment on admission for one resident clearly indicated a number of social actions to be taken to improve the resident's quality of life, such as access to a keyboard. These had not been acted upon, but the manager assured inspectors they would be following the inspection. Overall care plans focused mainly on people's physical health needs and there was limited information about their leisure, social and spiritual needs. However, from speaking to people it was clear that these were being met in most cases.

The majority of care records did not evidence that people receiving care or their chosen representatives had been involved in the care planning process and agreed to the planned actions being taken. When raised with the management it was explained that this was always part of the initial assessment and discussion with residents on admission, and that this would have involved residents in decisions and care planning in all instances.

In one instance the call bell for a resident was found to be located in a position that made it very difficult for her to reach due to the nature of her physical condition and the resident lacking mental capacity. However in another instance it was clear that the call bell was easily accessible to a resident and he fed back to inspectors that the staff response to its use was prompt and efficient.

The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.

A pre-assessment is undertaken of all residents with input from social worker and including details from health records and risk assessments. Care plans are in place for all residents. Recent internal audit showed that not all residents care plans included details of end of life wishes. Pre admission visits are arranged for residents either as lunch, day or overnight visits.

### **Our judgement**

People at the establishment looked well cared for and those we spoke to confirmed that they felt that the quality of care they were receiving was good.

Care plans and particularly risk assessment information is inconsistent. In some cases risk assessments and care records were detailed and well considered. In other cases risk assessments had not been carried out at all and as a result there was no information in the care plans to direct staff as to a person's specific needs in these areas. Specifically where bed rails are being considered or used a risk

assessment must be carried out and include the reasons for their use.

It was not clear from the care records examined that people receiving care or their chosen representatives had been involved in the care plan process and agreed to the planned actions being taken. We have minor concerns about this and a compliance action has been made.

# Outcome 5: Meeting nutritional needs

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

## What we found

### Our judgement

**The provider is compliant** with outcome 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**  
People we spoke to at the service said that the choice of food on offer was good, and that if they had specific requests then staff would help to meet them. Some examples of what people who use the service told us are as follows:  
"Staff come and ask me if I would like any fish and chips or pizza. If I do they fetch it for me".  
"Meals are tailored to him and there is sufficient choice"

**Other evidence**  
Mealtimes were observed on the residential unit and also on the dementia care unit. In both cases mealtimes were observed to be unhurried and peaceful. There was a choice of meals available for residents and this was made clear on the menu board, food was observed to be served hot to residents and assistance being provided quickly to those residents for whom it was required. Meals looked appetising and were served in sufficient portions. Where residents wished to eat their meals in their bedrooms they were offered the opportunity to do so.  
The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.  
On admission a full nutritional risk assessment is undertaken. Assistance levels required for eating are identified and provided. Speech and language therapist assessments are referred for residents if required. Meal times are protected and

uninterrupted. Food temperatures are checked and records kept of this. Individual preferences for meals are discussed with residents to inform what meals are prepared. A planned menu system is operated to ensure a balanced diet.

**Our judgement**

People benefit from fresh homemade food cooked on the premises. Mealtimes are unhurried and peaceful and residents felt that they had sufficient choice of food to suit their tastes.

# Outcome 6: Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

### Our judgement

**The provider is compliant** with outcome 6: Cooperating with other providers

### Our findings

**What people who use the service experienced and told us**  
There were no comments made from people who live in the home about cooperation with other providers.

**Other evidence**  
At inspection care plans were examined and indicated consultation and input from healthcare professionals such as GP's, the tissue viability nurse and physiotherapists.  
The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.  
Care plans are used to indicate a lead professional in relation to the care of people who use the service if relevant. The relatives of residents are informed and kept up to date with any changes to care plans and their views and involvement documented in care plans. Care and medication records are copied and sent with the resident if emergency transfer to hospital is required.

**Our judgement**  
People at the establishment receive input and care from healthcare professionals when required.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

### Our judgement

**The provider is compliant** with outcome 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
There were no comments made from people who live in the home about safeguarding.

**Other evidence**  
At inspection it was observed that the establishment has a safeguarding policy in place that has been recently reviewed. This policy clearly sets out for staff the process to follow should they have any concerns about potential or actual abuse and is drawn up in line with the local authorities safeguarding procedures.  
Staff interviewed at inspection were knowledgeable about what they would do if they suspected abuse and knew what process to follow. All stated that they had received safeguarding update training in the past 12 months. 86% of staff working at the establishment had received their annual safeguarding update according to training records.

**Our judgement**  
People felt safe. Processes are in place to ensure staff are aware of and follow safeguarding procedures.

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

### Our judgement

**The provider is compliant** with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
There were no comments made from people who live in the home about infection control.

**Other evidence**  
At inspection the environment in the establishment was found to be generally clean, well maintained and free from unpleasant odours.  
The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.  
The establishment has the following systems in place to monitor and prevent the spread of infection: staff training and induction in infection control, infection control policies and procedures, monthly infection control audits. Staff training in infection control is currently at 73%.  
External Infection control report by Kirklees PCT found only minor concerns, the action plan for which shows these as being resolved.

**Our judgement**  
People are able to live in a clean and pleasant environment.

# Outcome 9: Management of medicines

## What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

## What we found

### Our judgement

**The provider is compliant** with outcome 9: Management of medicines

### Our findings

**What people who use the service experienced and told us**  
There were no comments made from people who live in the home about their medication.

**Other evidence**  
At inspection medication (including controlled drugs) was found to be securely and appropriately stored in locked cupboards in locked rooms. Up to date and complete records were observed of the storage, administration, recording and disposal of medication.

Medication (MAR) charts were reviewed for two residents and were found to be fully completed and up to date, list any allergies and include a photograph of the person on the medication record to minimise the risk of errors. The medicine storage fridge temperature was observed to be within acceptable limits and temperature checked and recorded twice daily. All staff that are responsible for administering medication have had 'Safe Handling of Medications' training.

The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.

All medication administered by staff is prescribed by the GP. There is an

administration of medicines policy available to all staff members. Monthly audits are undertaken by the manager which includes observation of medication administration. There are medication audits by team leaders and by the community pharmacist every 3 months. Staff training for medication administration is 100% for nurses and senior care staff.

**Our judgement**

People's medication is safely stored and people receive medication in a service with up to date training and procedures for staff to follow.

# Outcome 10: Safety and suitability of premises

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

## What we found

### Our judgement

**There are minor concerns** with outcome 10: Safety and suitability of premises

### Our findings

**What people who use the service experienced and told us**  
There were no comments made from people who live in the home about the environment.

**Other evidence**  
Manor Park nursing home is a two storey building with level access and passenger lifts between floors so that the premises are easy to access for people with mobility difficulties. There are handrails in corridors and assisted bath and shower facilities to help people to maintain their independence, mobility and safety. Personal and communal doors are lockable from the inside and have door knockers to seek permission before entering to maintain people's privacy and dignity.  
The home has an enclosed garden area where residents can access the outside safely.  
All areas of the environment were observed to be clean, well lit and free from hazards to people residing at the home. An exception to this was an unused bathroom which was inappropriately being used to store two wheelchairs, and a chair awaiting repair on the EMI unit which had not been removed from a communal area.  
The EMI unit has tactile materials on the walls, sufficient space and good lighting to provide comfort and assistance for people with sensory impairment. There are pictorial signs on bathrooms and toilets to assist in people's orientation.  
Four of the rooms on the EMI unit had no name plate on the door indicating who the

room belonged to. Some of the residents in these rooms had been staying at the home for a month or longer, this could lead to the disorientation and confusion of vulnerable residents.

The room doors on the EMI unit have memory boxes outside of them. Four of these were observed to be empty, which is potentially distressing for residents and visitors. In addition one of the rooms had two different people's memory boxes next to it due to the lay out of the premises. This was confusing and could lead to disorientation of vulnerable residents. A door to a quiet room in the establishment has a full size photograph of a red telephone box covering the entire door despite there being no telephone in the room. This could cause the disorientation of residents.

Sluice rooms and laundry/linen rooms on the residential unit have lockable doors, but have the keys to the locks hung on hooks immediately outside the doors. These are accessible to residents and visitors. These rooms were found to contain some COSH items and peoples own clothes.

The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.

The establishment has all relevant health and safety and maintainance policies in place to ensure that the environment is well maintained and safe for residents. Alterations were made in January to a bedroom to widen the doors and access in order that a bariatric resident could move around freely. Facilities audits are carried out 6 and 12 monthly.

### **Our judgement**

People reside in a home that provides a comfortable and well maintained environment.

The environment on the EMI unit must be reviewed and made compatible with the residents who reside on the unit. Signage on all room doors on the unit must be clear and unambiguous to ensure that people do not become disoriented and confused by their environment.

The security arrangements for rooms to which only authorised personel should be allowed access on the residential unit must be reviewed in order that people who reside at and visit the home are safe and their personal belongings (clothing) secure.

We have minor concerns about this and a compliance action has been made.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

## What we found

### Our judgement

**The provider is compliant** with outcome 11: Safety, availability and suitability of equipment

### Our findings

**What people who use the service experienced and told us**  
There were no comments made from people who live in the home about the safety and suitability of equipment.

**Other evidence**  
The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.  
All equipment is used and serviced in line with company policy and servicing certificated retained. Annual servicing of equipment is undertaken by contractors. Any requirements or special guidance on use of equipment specific to an individual resident is documented in care plans.  
Staff training in moving and handling is at 73% of all staff, new staff will not be allowed to undertake moving and handling tasks until they have completed the required training.

**Our judgement**  
Equipment in the home is suitable and maintained.

# Outcome 12: Requirements relating to workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

## What we found

### Our judgement

**The provider is compliant** with outcome 12: Requirements relating to workers

### Our findings

**What people who use the service experienced and told us**  
People we spoke to at the service told us that they were happy with the support provided and kindness shown by staff. A resident told us that:  
"The staff are kind polite and sensitive"

**Other evidence**  
The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.  
All employees have to supply information regarding their employment history, any training and qualifications and provide certificates. Employment is subject to two written references, one being from current or previous employer.  
Within the recruitment procedure all employees have to demonstrate that they are legally entitled to work by provided the relevant documentation i.e. passport, birth certificate, work visa, immigration status.  
Within the employee application form there is a health declaration that has to be completed by the applicant, any issues rising from this would be discussed at interview and taken in to consideration. Also during the interview the candidate would be assessed on ability to communicate effectively with staff and the people using the service. No staff member is permitted to start work without an enhanced CRB disclosure.

**Our judgement**

People at the home are cared for by staff who are recruited through appropriate recruitment processes.

# Outcome 13: Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

## What we found

### Our judgement

**The provider is compliant** with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
People that use the service were positive about staff and the care they received from staff. People at the home said that:  
"Staff are excellent, they respond to my buzzer within seconds".  
Staff members said that:  
"Staff genuinely care for the people in our care and we all work together".  
"Staffing levels have not kept pace with the increased needs of the residential unit residents more and more if whom have dementia than in the past"

**Other evidence**  
At inspection there were 51 people residing at Manor Park. 23 nursing residents, 20 EMI residents and 18 on the residential unit. Staffing levels at the home were as follows:  
Nursing unit: am-1 nurse and 5 carers, pm-1 nurse and 4 carers, night-1 nurse and 2 carers.  
EMI unit: am- 1 nurse and 4 carers, pm-1 nurse and 4 carers, night-1 nurse and 2 carers.  
Residential unit: am-1 senior carer and 2 carers, pm-1 senior carer and 2 carers, night- 1 senior carer and 1 carer.  
Staffing rotas for the 1<sup>st</sup> to the 13<sup>th</sup> of March were reviewed and staffing levels were

found to be at the above level on each day with occasionally one less carer on the nursing unit. Observation of mealtimes and care delivery on all of the units at the home showed staff to be unhurried and dealing with residents and tasks with a pleasant attitude.

The manger stated that staff turnover is very slow, and that the home has a waiting list of care staff wanting to work there and no vacancies. There are no staff at present undergoing disciplinary action.

Staff interviewed stated that some residents present with challenging behaviour. Staff and home manager explained that on the EMI unit it is the home's practice to have a member of staff supervising the lounge area at all times. A relative of a resident spoken to made the comment that "this is not always the case, on occasion i have to go and find a member of staff to assist a resident". Another staff member interviewed explained that the "need a staff member in the lounge at all times to assist people who may have fallen or who may be being aggressive". The manager at the home accepted that there should be as staff member in the lounge at all times and that measures were currently being considered to ensure this happens. A member of staff stated that there were 2 residents on the EMI unit that required 1 to 1 observation but that at the moment this wasn't always possible.

The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.

Qualified nurses are increased on the nursing unit when required ensuring nursing needs are met. The trigger for an additional nurse on duty is 25 or more residents.

### **Our judgement**

People receive care at Manor Park at which with the current resident numbers and mix of people there are sufficient staff to meet peoples needs. However the lounge on the EMI unit could not be supervised at all times and on some occasions residents requiring 1 to 1 observation could not be covered. This suggests that on the EMI unit, staff are struggling to meet the needs of people and numbers of staff need to be increased . An improvement action has been made.

# Outcome 14: Supporting workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

## What we found

### Our judgement

**There are moderate concerns** with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
There were no comments made from people who live in the home about supporting staff.

**Other evidence**  
At inspection a member of staff stated that "it is a good home. We have seen a lot of managers, this manager is doing a good job. Staff genuinely care for the people in our care and we all work together". Staff appeared settled and those spoken to had been with the home for some time, this supported the managers statement that staff turnover was low.

A review of the staff training records showed that all staff had received dementia training, and that all relevant staff had received training in relation to medication.

Staff training records showed that only 8% of staff had received their nutrition update training and that only 27% had received their pressure care update training. Records also showed that only 5 of the 51 staff at the home had receive training in how to manager challenging behaviour. This is of concern as two member of staff spoke to at the home stated that they had been struck by residents and in one case stated that they felt unsupported and unsure of how to handle the situation and its aftermath.

The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of

this submission.

New staff undertake the 'Southern Cross' induction, which is completed within the first 12 weeks of employment. Additional time may be given in certain circumstances allowing people to work effectively at their desired learning pace. Within this induction booklet, competences are signed off by their mentor nurse. The induction covers principles of care, role of the worker, safety at work, effective communication, recognising and responding to abuse and neglect and developing as a worker. Mandatory training is provided for all staff employed as well as any training available internally and externally. A supervision plan is in place and a matrix which shows that staff receive supervision six times year, as part of this process staff members receive an annual appraisal.

**Our judgement**

Staff working at the home felt supported by management. However not all staff have received training in nutrition, pressure care and challenging behaviour. Specifically in relation to challenging behaviour, this is putting staff and residents at risk as they are unsure how to deal with residents who become violent. We have moderate concerns about this and a compliance action has been made.

# Outcome 16: Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## What we found

### Our judgement

**The provider is compliant** with outcome 16: Assessing and monitoring the quality of service provision

### Our findings

**What people who use the service experienced and told us**  
There were no comments made from people who live in the home about the monitoring of quality.

**Other evidence**  
The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.

The home has internal inspections carried out and the frequency is determined by the outcome of the inspection, currently the rating internally is green and there is an action plan in place. The home has monthly audits and these are reviewed by the quality team and the home manager.

Complaints are investigated and areas for action identified as part of this process following the findings of the investigation.

The home does circulate surveys in order to provide a facility for people to express any improvements they feel are required and their view regarding what stakeholders feel is done well. These have recently been circulated and feedback is displayed in reception. Root cause analysis is undertaken from incidents and errors, with 'lessons learned'. This is also the case with any complaints received, that have been upheld.

**Our judgement**

People reside at a home which has systems in place to monitor and assess the outcome for people.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

## What we found

### Our judgement

**The provider is compliant** with outcome 17: Complaints

### Our findings

**What people who use the service experienced and told us**  
People who reside at the service told us that they would know how to complain and were provided with information about this when they began their residence at Manor Park nursing home.

**Other evidence**  
The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.  
The home has complaints policies and procedures that are in line with CQC requirements and operates an open system of encouraging feedback. The home logs and responds in detail to all complaints. All complaints are passed to the home manager and collated and reviewed corporately for any items of learning. Complaintst information is made available to residents and relatives.

**Our judgement**  
People are able to raise complaints and concerns.

# Outcome 21: Records

## What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

## What we found

### Our judgement

**The provider is compliant** with outcome 21: Records

### Our findings

**What people who use the service experienced and told us**  
There were no comments made from people who live in the home about their records.

**Other evidence**  
At inspection case tracking of residents care involved the review of care records. These showed that records were signed and dated, completed in full and diligently maintained. Where care plans were in place, they had been updated and contained complete information with appropriate time and identity of the member of staff updating the record.

In a number of the cases tracked risk assessment within care plans that should have been present were missing. This issue has been dealt with as part of Outcome 4 above.

In one of the cases tracked the mental capacity assessment of a resident had not been signed or dated.

The manager of the service provided a provider compliance assessment (PCA) as evidence of compliance with the outcome. What follows is drawn from an analysis of this submission.

Care records are safely and securely stored in line with company policies. Resident

care records never leave the building, unless accompanied by a staff member and the resident for an external appointment meeting. No one views the care records without the permission of the resident. Any request for copies of any part or all of records has to be received in writing to the home manager, who will then discuss with the resident their wishes, unless it is a legal requirement to send copies. Care records are regularly updated and verbal communication documented as soon as possible ensuring residents' needs are reviewed and reassessed when necessary.

**Our judgement**

People's records are kept confidential and their records are kept to help maintain their health and safety in the home.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	22	13
	<p><b>Why we have concerns:</b>            The lounge on the dementia care unit could not be supervised at all times and on some occasions residents requiring 1 to 1 observation could not be covered. This suggests that on the deminatia care unit, staffing levels are stretched and required observation of people who use the service cannot be done. An improvement action has been made.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	9	4
	<p><b>How the regulation is not being met:</b>            Care plans and particularly risk assessment information is inconsistent. In some cases risk assessments had not been carried out at all and as a result there was no information in the care plans to direct staff as to a person's specific needs in these areas. Specifically where bed rails are being considered or used, a risk assessment must be carried out and include the reasons for their use.</p> <p>It was not clear from the care records examined that people receiving care or their chosen representatives had been involved in the care planning process and agreed to the planned actions being taken. We have minor concerns about this and a compliance action has been made.</p>	
Accommodation for persons who require nursing or personal care	15	10
	<p><b>How the regulation is not being met:</b>            Overall people reside in a home that provides a comfortable and well maintained environment. However the environment on the dementia care unit must be reviewed and made compatible with the needs of people who use the service. Signage on all room doors on the unit must be clear and unambiguous to ensure that people do not become disoriented and confused by their environment.</p> <p>The security arrangements for rooms to which only authorised personnel should be allowed access on the residential unit must be reviewed in order that people who reside at and visit the home are safe and their personal belongings (clothing) secure.</p> <p>We have minor concerns about this and a compliance action has been made.</p>	
Accommodation for persons	23	14

<p>who require nursing or personal care</p>	<p><b>How the regulation is not being met:</b>  The number of staff trained in nutrition, pressure care and challenging behaviour is low, and specifically in relation to challenging behaviour is putting staff and residents at risk as staff are unsure how to deal with residents who become violent. We have moderate concerns this and a compliance action has been made.</p>
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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