Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Manor Park Care Home

Leeds Road, Cutsyke, Castleford, WF10 5HA

Tel: 01977604242

Date of Inspections: 11 January 2013
10 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Countrywide Care Homes Limited
Registered Manager	Ms. Amanda Bennett
Overview of the service	Manor Park is a care home that provides both residential and nursing care. There are three separate units within the home that are divided into nursing care residents, residential care residents and accommodation for people with dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 January 2013 and 11 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service, because some of the people using the service had complex needs which meant they were not able to tell us their experiences so we spent time with people in the lounges. We spoke to some people who used the service, their relatives and staff about the care and support provided at Manor Park. Two inspectors carried out this inspection over two days.

We spoke with six relatives who all told us that staff were excellent; very kind and caring but people did tell us that they felt there were not enough staff on duty and there were times when people had to wait to be attended to. Our observations indicated that staffing levels needed to be reviewed in order to ensure people's needs are met and to ensure the safe running of the home.

We asked people about making complaints if they were unhappy about any aspect of the service and without exception the people we spoke with said they would talk to a member of the management team and they felt confident that any complaints would be dealt with swiftly.

We spoke to seven members of staff who told us they enjoyed working at the home but they struggled to complete their duties because there were not enough staff on duty.

We returned to the home for a second day in order to spend more time assessing staffing levels and to meet with the manager who was unavailable on the first day.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 06 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Manor Park is divided into three units; a unit for 21 people with dementia; a unit providing residential care for up to 19 people and a nursing unit for up to 33 people who require nursing care.

Because many people living in the dementia unit were unable to tell us about their experiences of how they are cared for we spent time observing people and how they interacted with staff and others around them.

We observed that staff were confident in attending to people's differing needs. Staff were seen to reassure and redirect people; where ever possible helping people to make choices. We saw staff engage with people in a calm and patient way, which allowed people time to explain what they wanted or where they wanted to go. Staff showed a good understanding of each person's needs. We saw staff frequently offering reassurance to people who were anxious, and when addressing people, staff spoke clearly and at a pace which was appropriate.

We saw that people had been helped to be appropriately dressed and some of the women had been helped with make up and jewellery. The hairdresser was visiting and there was a lively atmosphere in the hairdressing area and it was clear people were enjoying the social experience as well as having their hair done.

In the dementia unit we felt that there could have been more to occupy people such as newspapers, photo albums, and tea towels to fold and 'rummage' boxes. We noted that the radio was playing a very up to date music station and although nobody complained we felt it wasn't appropriate for the age of the people living in the unit. The radio was turned off over lunchtime which we observed to be a quiet unhurried social time. Staff supported people discreetly if they needed assistance to eat their meals and people were given adapted plates and cutlery to assist them to eat independently. During the afternoon people gathered to watch a film.

One inspector spent time in the residential unit. We observed that staff had positive relationships with people; they were kind, friendly and had some good hearted banter. This helped to create a relaxed and friendly atmosphere. We observed staff serving meals and offering people choice of foods. Whilst people were waiting for lunch we saw that the lounge was left unattended because staff were assisting other people. Visiting relatives and the inspector had reason to seek out a member of staff to attend to people in the lounge.

On the second day we spent time on the nursing unit. We were told that most people spend a large proportion of time in bed or in their bedrooms. We saw some people had chosen to have their doors closed and others had theirs left open. We noted that people with their doors open were covered with blankets to protect their dignity. Similarly if people were sat in chairs they had blankets over their laps. We observed staff on the nursing unit being patient and kind. We spoke to three sets of relatives who said that staff were excellent one person said "staff are brilliant they work so hard, are very kind and caring".

We reviewed six people's care plans and saw that whenever possible people were involved in planning their care, treatment and support. If a person was unable to make a decision about their care, then staff made an effort to consult with their relatives or family, in order to gain an insight into what the person would want. One relative said that they had been involved in the care planning process for their relative and another relative said that they had not seen any sort of care plan and felt they had not been consulted enough.

The provider may like to note that we felt more attention to mental capacity assessments and best interests meeting documentation could be made. Usually this type of meeting includes a number of professionals, relatives and if appropriate independent advocates making a collective decision about a specific aspect of a person's care and support. Following this process demonstrates openness and transparency in providing services for people who may lack capacity. We saw in one person's file a record of a best interests meeting where the use of covert medication had been agreed. Those professionals attending had been listed but they had not signed the document and the list of attendees had been collectively signed for by a member of staff from the home. This could be misinterpreted as a unilateral decision rather than a collective agreement.

We asked people whether their privacy and dignity was respected and everyone we spoke with said it was. One person told us that "Staff always knock on my door and respect my independence".

Staff told us they had completed training which covered privacy, dignity, and person centred care as well as equality and diversity, this helped make sure that people were supported in promoting their independence and community involvement.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

was not written clearly in the plan. Appropriate administration of this person's medication was therefore reliant on staff being on duty that had prior experience and knowledge of the person. We spoke to the nurse on duty and she amended the guidance with regard to the person prescribed PRN medication.

We saw that care plans were reviewed regularly and up dated so that staff were kept up to date with any changes to people's care.

We spoke to nine members of staff and we found them knowledgeable about the people they cared for and they were able to describe people's needs and how to provide care for them and we saw that this corresponded to the records.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There were no current safeguarding referrals but we had evidence that in the past the provider had responded appropriately to any allegation of abuse.

We saw from the training matrix provided that all staff had received safeguarding awareness training. The manager told us that she had had some difficulties in sourcing Mental Capacity Act and Deprivation of Liberty Safeguards training but that this had now been secured and staff were attending training in February 2013.

Staff we spoke with were aware of whistle blowing and safeguarding procedures and their role in protecting people. Staff stated they covered safeguarding as part of their induction, and we saw this when we checked staff training records.

We checked a sample of staff recruitment files and saw that relevant police checks and employment references were carried out which added further safeguards in protecting people.

Staffing ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

There were sufficient qualified, skilled and experienced staff to meet people's needs on the Dementia unit but on the residential and nursing units staffing levels were such that they posed a risk to the health and wellbeing of people.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

From our observations and discussions with the manager, staff and relatives we felt that staffing levels for the nursing and residential units were at a basic level which meant that staff only had time to attend to people's essential needs. We discussed staffing levels with the manager on the second day of our inspection. She informed us that staffing levels were set at a corporate level against numbers of people and their dependency levels. We looked at the dependency level assessment and felt although it focused on the person and their needs it did not account for how people's collective needs and the daily running of the home were to be met.

We discussed the day to day running of the nursing unit with the nurse in charge. She explained that there were two nursing staff on duty and five care staff on duty for the morning shift reducing to four care staff for the afternoon evening shift. She explained that there were 31 people currently on the unit of which approximately 15 people needed support eating their meals. She explained that most people were being nursed in bed and required regular positional changes to prevent the development of pressure sores. As an example of how stretched staffing levels were she told us that the previous day during the morning one nurse completed the medication round which usually took up to two hours to complete and the other nurse accompanied the doctor who was visiting 11 people. If the doctor spent 10 minutes with each person that accounted for the nurses time for almost two hours. This meant that the 5 remaining care staff were responsible for making sure people had their breakfast and were washed, changed and repositioned. The nurse told us that most people required two staff to support them with their personal care needs. Additional duties for nursing staff were to answer phone calls and write up nursing and care records.

On the second day of our inspection we heard the receptionist attempt to put through a call to the nursing unit but was unable to because staff were busy with other essential tasks. We also observed a relative seeking out a member staff because they had urgent concerns about their relative. The nurse had to break off from administering medication to

attend to this person. The nurse in charge told us that the previous day she had stayed on after her shift which was due to finish at 8pm until 1.30am to check the new medication delivery in, because the following day was Friday and she would need to follow up any errors prior to the weekend to ensure people had the correct medication. The following day we observed her spend a large portion of the morning following up errors in the medication delivery.

On our second day of inspection we observed lunchtime on the nursing unit. Staff told us that that day they had the additional support of two activities organisers which meant that lunchtime was competed in an hour and people were not rushed. Staff told us lunchtime usually took up to two hours as people had to wait for staff to be free to assist them.

We spent time in the lounge of the residential unit and observed that it was often left without a staff presence because people's needs meant they needed two staff to attend to them in their bedrooms or bathroom. On two occasions a relative and an inspector had to seek out staff to attend to people requesting help. Staff told us they were tired and under pressure because they were working extra and struggled to meet people's needs. We saw evidence that staffing levels had been raised in staff meeting minutes.

The manager explained to us that she had been supporting another home in the area two days per week and this had had an impact on the day to day running of the home. We could see from auditing and other records that these were not as well organised as we could see they had previously been since the manager had been working at the other home.

On the first day of our inspection the manager and the deputy manager were unavailable. The only people who could attend to us were the nurses on duty both of whom were completing medication rounds. The deputy manager was contacted and came into the home even though it was her day off. She explained that she worked in the dementia unit and had no experience of the day to day running of the home or where to locate specific records. It was clear that although her job role was that of deputy manager she had not been given sufficient time and training to take over the running of the home in the manager's absence. The manager explained that she had recently received confirmation that the deputy manager was to be allocated supernumerary time to develop her deputising role. Although our presence in the home was non urgent there would be other occasions when visitors to the home needed attending to. We discussed who undertook duties for staff vacancies and sickness and the impact that had on the running of the home. The manager gave us an example of 178 staff hours lost for one month due to sickness, annual leave and vacancies and that this was covered by 86.9 hours leaving a deficient of almost 80 hours of staff duties absorbed by staff working in the home.

It is important to note that relatives we spoke with had nothing but praise for staff and their commitment and dedication; this was reflected in our observations of staff going about their duties over the two days.

We were told and saw records that staff completed a comprehensive induction programme which included statutory health and safety training and safeguarding adults awareness. We spoke with staff who confirmed that training provided was very good and there were opportunities for additional training for specific conditions. Staff told us that they received regular one to one supervision with their line manager and that staff meetings were held regularly. We saw the records of one to one and staff meetings minutes.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The service had a range of quality assurance systems in place to help determine the quality of service the home offered. These included monthly visits by a senior manager to carry out monitoring checks on the safety, maintenance of the service and to speak to staff and people who used the service to obtain their views. The manager acknowledged that some of the recording and filing of her audits had slipped since she had been working temporarily in another home but she was able to locate and produced evidence that audits had been undertaken.

Audit checks were also carried out on the environment and services provided; this was to identify, monitor and manage risks to people who used, worked in or visited the service. Examples of these included medication and care plan audits. These visits were unannounced and could be anytime. An action plan was left after each of these visits for the manager to address, following any issues that may have arisen.

People who used the service and their relatives had been sent questionnaires which were returned anonymously. The results had been analysed and published. We saw the results of the most recent survey which showed that people were very satisfied with the service they received.

We saw that a complaints procedure was in place which outlined the action that people could take should they have a concern or complaint. We asked people about making complaints if they were unhappy about any aspect of the service and without exception the people we spoke with said they would talk to a member of the management team and they felt confident that any complaints would be dealt with swiftly.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: The provider has not taken sufficient steps to ensure there are sufficient numbers of staff for the purposes of carrying on the regulated activity

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 by 06 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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