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 Inspection: 06 June 2013

Date of Publication: August 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ 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 purpose built care home that provides both residential and nursing care. There are three separate units within the home divided into nursing care, residential care and care for people with dementia. All bedrooms are single occupancy with en-suite toilet facilities.
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

We carried out this inspection to check whether Manor Park Care Home had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Staffing
- Complaints

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 6 June 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with five visiting relatives to find out about their views of the home. They all spoke positively about how the staff involved people in decisions about their treatment and care and how they acted in accordance with their wishes. Relatives told us that communication with the home was good. One relative explained: "We were involved in reviewing the care plan recently. This is done every year and the staff speak to us about anything new in between to keep us up to date."

We saw the home had a medicines policy in place. Medicines audits were completed by staff working at the home to measure the safe handling of medicines, in line with the homes policy and current guidance.

Staffing levels were reviewed and increased during our inspection based on the dependency levels of the people living in the home. Manor Park Care Home agreed to keep the Care Quality Commission (CQC) informed of any changes in staffing. The CQC will continue to monitor the staffing levels within this home.

People spoken with said they had no concerns or complaints about the home at this time. They said they knew who to speak to if they had a worry or concern. They told us they felt able to make comments and were confident the staff or manager would do all they could to put it right. One relative said: "I have only needed to complain once about [my relative] not being smartly dressed. This was sorted out immediately I mentioned it and I've never had

to complain again."

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

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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.
Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

At the time of our inspection Manor Park Care Home were in the process of recruiting a new Registered Manager. During our visit we spoke with the deputy who was acting manager, and the area quality assurance manager. We also spoke with seven members of nursing and care staff. They had a good understanding of the importance of respecting people's wishes and seeking their consent before any care or treatment was started. They described how they worked with people to find out their likes and preferences and to give people choices. Staff described how they assessed people's capacity to make different decisions about their care and involved family members and other agencies to act in the best interest of the people they provided care for.

We spoke with five visiting relatives to find out about their views of the home. They all spoke positively about how the staff involved people in decisions about their treatment and care and how they acted in accordance with their wishes. Relatives told us that communication with the home was good. One relative explained how the home always discussed anything new or any changes with family to agree care and treatment as the person had lost capacity to make decisions for themselves. Another relative commented: "I think this is one of the top homes in the area."

We reviewed six people's care records which contained information about people's likes and preferences, such as the time they liked to get up and to go bed. We saw consent forms were used in the care records for things such as the use of bed rails to manage the risk of a person falling out of bed. We saw some evidence that care plans had been discussed and agreed by the person living in the home. We also saw evidence that relatives had also been involved in the planning of people's care.

We observed staff interacting with residents. We saw staff gave people choices and supported people in an unrushed way. We found before people received any care or treatment, this was explained to them, and they were asked for their consent. For

example, we saw people being assisted to move from the lounge to the dining area. Staff explained to people they were about to use a hoist to help transfer them into a wheelchair and checked they were happy with this.

We saw there was a consent policy in place supporting the principle of involving people in decisions about their treatment and care including making reference to managing consent for those people who do not have capacity.

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

During our visit we spoke with five visiting relatives. All people spoken with were happy with the care and support provided by the care home staff. One relative commented: "[My relative] is well looked after here." Another relative explained: "We were involved in reviewing the care plan recently. This is done every year and the staff speak to us about anything new in between to keep us up to date."

The provider may find it useful to note that some of the relatives commented about the choice and consistency of food on offer to people living in the home. One relative said: "The food is sometimes too thick and stodgy and hard to eat." We discussed this with the quality assurance manager. She agreed to review the menus and to carry out a survey people living in the home and their families about their views and preferences about food and mealtimes. This information would be used to make changes to the types of food on offer to meet people's needs and preferences.

Because many of the people living in the home were unable to tell us their views on how they were cared for, we used a formal way to observe their experiences. This is called the Short Observational Framework for Inspection (SOFI). The SOFI involved observing and recording people's mood and how they interacted with staff and others around them at regular intervals over a set length of time. This was carried out in the dementia nursing unit over the lunchtime period.

During our visit we observed people's experiences of living in the home and their interactions with each other and with staff. We saw staff spoke to people in a kind manner and with respect. During our observation we saw people were wearing clean clothing appropriate to the temperature. We observed staff communicated well with people and chatted to make people feel at ease and involved in their surroundings.

We spoke with seven members of nursing and care staff from the different units who were knowledgeable about the care and support needs of the people living in the home. They were able to describe what would indicate to them that a person's needs had changed and what steps they would take to ensure that a person's needs continued to be met. Staff we spoke with were aware of other healthcare professionals that could be involved in a person's care. Staff told us they had a good working relationship with professionals from

other agencies and how they sought advice and support from these specialists to provide appropriate care to meet people's needs.

During our visit we observed people's experiences of living in the home and their interactions with each other and with staff. On the dementia unit and the general residential unit we saw people seemed relaxed and well cared for. People were wearing clean clothing appropriate to the temperature. It was clear from observations of staff interactions with people living in the home that they knew people very well.

We reviewed six people's care records; two from each of the three units. The care records included risk assessment information such as falls, nutrition and moving and handling. The care plans detailed how the person's needs were to be met by staff and we found they contained sufficient information to enable staff to provide care and support to people. We saw these were reviewed and updated on a regular basis.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with the nurse on the general nursing unit who was able to describe the ordering, delivery and returns processes and procedures. We reviewed relevant paperwork which showed the ordering and delivery procedures had been followed correctly. We looked in the medication returns book currently in use as well as completed ones which were stored in the clinic room. We found these were consistently well completed with all the appropriate information including two signatures and a record of whether the medication had been destroyed or returned. We saw the clinic room was kept locked. Medication was appropriately stored and secured within the clinic room. We checked the system for recording controlled drugs and checked a sample of the stock and found it to be correct.

We looked at the medication administration record charts for three people on the general nursing unit. These included photo identification and identified any allergies the person had. The charts were clearly written and well maintained. We saw the medication trolley was appropriately stored. We checked in the medicine trolley and saw prescribed medication was delivered to the home in pre filled blister packs for each person in the home. The packs were clearly labelled.

We saw the home had a medicines policy in place. Medicines audits were completed by staff working at the home to measure the safe handling of medicines, in line with the homes policy and current guidance.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At our last inspection we made a compliance action in this outcome as we found some people on the nursing and residential units did not have their care and welfare needs met due to the lack of staff. We found similar concerns at the time of this visit, however the provider took immediate action to increase the staffing levels during our inspection based on the dependency levels of the people currently living in the home. Manor Park Care Home will keep the Care Quality Commission (CQC) informed of any changes in staffing. The CQC will continue to monitor the staffing levels within this home.

We spoke with the deputy manager and asked for an update of the staffing arrangements across each of the three units in the home. On the day of the inspection there were 68 out of a possible 73 people living at Manor Park Care Home. The general nursing unit was staffed by one nurse and five carers. We were told there should have been two nurses on duty, but this was not the case due to staff sickness and no agency nurses available. The dementia nursing unit was staffed by one nurse with four carers. The residential unit was staffed by one senior carer with two carers.

We saw the master copies of the staff rotas showing the home had scheduled enough staff to work on each unit to meet people's needs. However, it was not possible to verify whether this gave an accurate picture of the numbers of staff who had turned up to work or how the shifts had been changed to meet operational demands.

We spoke five relatives to gain their views about the staffing levels in Manor Park Care Home. People spoke positively about the attitude of the staff. For example, one relative commented: "The staff are lovely." Another said: They are really good carers." However, the provider may wish to note that most relatives spoken with commented about the staff being 'over worked.' For example, one relative told us: "Staffing levels are not so good. They don't have the time."

We discussed this with the quality assurance manager and the deputy manager. They told us the home was currently actively recruiting a new manager and care staff to increase the numbers of permanent staff in the home. They said agency staff was usually used when staffing numbers fell below requirements. They explained this was not always possible if sickness and absence was unplanned. We asked for assurance that staffing levels would not fall below agreed levels in future. The quality assurance manager reviewed the

dependency levels of people living in the home and increased staffing levels on the general nursing unit with immediate effect. Manor Park Care Home agreed to keep the Care Quality Commission (CQC) informed of any changes in staffing. The CQC will continue to monitor the staffing levels within this home.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.
Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People spoken with said they had no concerns or complaints about the home at this time. They said they knew who to speak to if they had a worry or concern. They told us they felt able to make comments and were confident the staff or manager would do all they could to put it right. One relative said: "I have only needed to complain once about [my relative] not being smartly dressed. This was sorted out immediately I mentioned it and I've never had to complain again."

The service had a complaints policy in place to provide staff and people who used the service with information on how to make a complaint and how this would be handled. We were told the home held regular meetings for residents and relatives.

Staff described how they provided support for people who lived in the home to make sure any issues were resolved early before they became a complaint. Staff said that they had a form to complete if any relative had any concerns and they would take this to discuss with the senior member of staff.

We saw there was a complaints policy in place. We saw there was a system of responding to, and where appropriate, investigating complaints received by the home. We saw complaints had been responded to appropriately. We saw action had been taken to resolve the concerns raised and reduce the risk of recurrence.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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