

New Care Cheadle (OPCO) Limited

# Cheadle Manor Care Centre

## Inspection report

177 Stockport Road  
Cheadle  
SK8 2DP

Tel: 01619272940

Website: [www.newcarehomes.com](http://www.newcarehomes.com)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Cheadle Manor Care Centre is a residential care home providing personal and nursing care for up to 68 people. The service provides support to older people who require nursing care due to health conditions and those living with dementia. At the time of our inspection there were 65 people using the service.

Cheadle Manor Care Centre is a purpose-built service providing care across three separate floors which have their own communal living and dining areas, adapted bathrooms and single bedrooms. One unit provides mainly residential care, a second unit supports people living with dementia and a third unit provides primarily nursing care. There are shared kitchen and laundry areas and a secure outside garden.

### People's experience of using this service and what we found

People felt safe. Their needs were assessed, and risks mitigated by staff as much as possible. Staff were safely recruited and there were generally enough staff to meet people's needs. The service was clean and tidy, and staff were following the relevant guidance regarding infection prevention and control. We found medicines were managed safely across the home.

Staff received the training and support they needed to complete their role. People were well supported to eat and drink and told us the food was good. The environment was adapted to meet people's needs and staff supported people to access health services where needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and respectful and independence was promoted. People were encouraged to make decisions for themselves and involved in developing care plans.

Care was delivered which was personalised and adapted to meet people's individual needs. People felt able to raise concerns and make complaints and felt any issues would be addressed. There were a variety of activities for people to access. People were kindly supported when they reached the end of their life with a focus on keeping them comfortable.

The registered manager was responsive to feedback and a variety of tools including audits and checks were used to ensure the quality of the service. People, families and staff were encouraged to feedback their views and this information; together with complaints, and analysis of accidents and incidents was reviewed for themes and trends and to drive improvement and ensure lessons were learnt.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 17 December 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Cheadle Manor Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by three inspectors including a medicines specialist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cheadle Manor Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cheadle Manor Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the stakeholders including the local authority, professionals who work with the service. We reviewed information we had received about the service since it was registered with CQC. All this information was used to plan the inspection.

#### During the inspection

We looked around the service to ensure it was clean, tidy and a safe place for people to live. We observed how staff cared for people throughout the day. We spoke with 6 people and 4 family members to understand their experiences of the service. We spoke with 15 members of staff including the registered manager, nurses, carers and auxiliary staff. We spoke with 2 health care professionals who regularly visit the service.

We reviewed 8 peoples care records and additional records in relation to the management of medicines. We reviewed multiple records regarding the management and quality assurance of the service and policies. We reviewed 6 recruitment records, and records in relation to staff training and support.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service and staff understood their responsibility to safeguard the people they supported.
- People spoke positively about the staff and one person commented, "I feel safe with the staff. [There was an issue one night] I mentioned this to staff, and it hasn't happened since."
- Staff showed a good understanding of safeguarding and completed regular training in this area. The service had policies and procedures to underpin this.

Assessing risk, safety monitoring and management

- Environmental risks were assessed, and systems were in place to ensure equipment was suitably maintained. The maintenance team completed regular checks of the premises and external contractors visited the home to complete specific tasks as required.
- The home was clean and tidy and regular checks were completed to identify potential risks in a timely way. These risks were mitigated as much as possible.
- Staff assessed risk to people based on their individual needs. A variety of evidence based tools were used to support risk assessments such as risk of falls, choking and malnutrition. Action was taken to mitigate risk as much as possible and incorporated into care plans.

Staffing and recruitment

- There were enough staff to meet people's needs and safe recruitment procedures were being followed.
- Suitable recruitment processes were being followed including checks with previous employers and the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Feedback from people, families and staff was that there were generally enough staff. Some people noted minor issues with staffing levels with one person commenting, "Sometimes you need to wait for a short while for the staff as they are busy with others. More so at night." Staff told us that staffing levels had improved recently.

Using medicines safely

- Medicines were managed safely throughout the home. Medicines records were accurate and detailed and provided staff with enough information to administer medicines properly. People received their medicines in the right way and at the right time.
- Staff and other health professionals regularly checked and assessed that people had the right medicines

and care plans gave details of how people liked to take their medicines.

- Medicines were generally stored securely and safely, however we found an issue with family bringing over the counter medicines into the home. This issue was immediately addressed.
- Carers were not always recording when thickener had been added to drinks for people who had difficulty swallowing. Managers assured us that this would be addressed and additional training provided.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People received visits from friends and family in line with guidance in place at the time. We saw a number of people enjoying visits with their families throughout the day.

#### Learning lessons when things go wrong

- The registered manager and staff were keen to ensure lessons were learnt if things went wrong.
- Where any incidents or safeguarding concerns had arisen these were investigated, and action taken to reduce the risk of reoccurrence. Regular meetings were completed with staff to ensure any updates and information was shared.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their individual needs assessed which, together with individual preferences were used to develop plans of care. Care plans contained enough detail about how people wanted to be supported to guide staff. Some care plans were very detailed, and person centred.
- People and families had been involved in developing care plans. People told us they were supported in line with their preferences with one person telling us, "I was involved in my care plan when I first came here, and I told them what I wanted and they adhere to it."
- The registered manager ensured people's needs were assessed prior to a placement at Cheadle Manor Care Centre being agreed. They said, "We try and do face to face assessments so we can ensure we can meet their needs first."

Staff support: induction, training, skills and experience

- Staff received regular supervisions and told us they felt well supported. Staff completed a variety of ongoing training.
- Staff completed an induction period which included mandatory training and shadow shifts prior to working independently.
- People told us staff were experienced and well trained. One family member commented, "The care staff and nurses know what they are doing and are supportive and understanding."

Supporting people to eat and drink enough to maintain a balanced diet

- People were well supported to eat and drink by staff. There were assessments and care plans which documented people's needs and preferences and kitchen staff had a good understanding of what people liked to eat.
- People spoke positively about the food provided. One person told us, "The food is good, and you get plenty of choice with a menu each day." A variety of snacks and drinks were provided throughout the day.
- Mealtimes were calm and pleasant experiences and food looked and smelt appetising. People who required additional support to eat and drink were supported appropriately by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff referred people to healthcare services when needed. People were supported to access health care professionals including doctors, speech and language therapy and dieticians when needed and this advice was incorporated in to care plans.
- One visiting health care professional told us, "Communication is pretty good. Staff are able to handover

information and will chase anything up."

- Staff knew people well and were able to identify if they were becoming unwell. People and families felt confident staff would take action if needed. One family member commented, "Staff are very efficient and know my love ones needs. If they are unsure, they call me."

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

- The service had been purpose built and had a variety of areas suitable to meet people's needs. There were adapted bathrooms and various communal areas for people to sit, including some quiet areas. People and families spoke positively about the decor of the home and one family member commented, "The whole place is lovely, well decorated and no unpleasant smells."
- Bedrooms were spacious to support people who may need additional equipment. We noted some people needed additional storage facilities due to the amount of equipment they needed.
- Signage was in place to help people orientate themselves across the service. Good practice was considered. For example, people living with dementia had memory boxes available next to their bedrooms, which when used could help them locate which bedroom was theirs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity was assessed and, where people lack capacity and were subject to restrictions, appropriate referrals to DoLS were made. However, a number of these referrals were awaiting formal assessments from the relevant external services.
- Some people had detailed specific capacity assessments, and these clearly linked with care plans and records. However, others would benefit from further work to ensure it contained the guidance staff need, and links to other areas of care need for the person.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about how they were treated by staff. One person told us, "Staff are very caring and polite." Another person said, "The staff are very polite and enjoy their jobs, happy and smiling. I love being around them. They will do anything to help."
- People looked well cared for and we saw positive interactions between staff and people. Staff knew people and how to support them. One family member commented, "The kitchen staff are very good, and they go out of their way to fill my loved one's flask with ice each day."
- Care plans gave details about people's needs and how they wished to be supported and staff followed these.

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

- People told us their views were respected. One person said, "The staff are polite and call me by my first name. They listen to me." We observed staff promoted people's choice, such as what they wanted to eat and drink, what they wanted to do and where they wanted to be when providing support.
- People and families told us they were involved in making decisions around their care plans. One person told us, "I am involved in my care plan and was able to express my views openly as to how I want to live." A family member told us, "I am kept well informed and fully involved in the care plans."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. One family member commented, "Staff are polite. They knock on the door and they don't just walk in."
- People were supported to be as independent as possible. One person told us, "I keep as independent as possible, the staff would assist me if I needed it." One family member commented, "The staff are very respectful and supported [my family member] to be as independent as possible."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained details about people's needs and wishes and guided staff on how to support each person. People and families told us they had been involved in developing care plans and were receiving support in line with their wishes.
- Assessments and care plans were reviewed when needed. We noted some occasions where care plans had not been completely updated following a change in need, or where further detail was required. These were fed back to the registered manager who took immediate action to address this.
- Staff were aware of people's needs and updated when anything changed. One staff member told us, "If anything changes the care plans and risk assessments are updated and the information is also passed over in handovers [between staff on shift]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood how to meet people's needs in line with the accessible information standards. Information could be adapted to a suitable format as needed, and services and equipment arranged depending upon the person's needs, such as translations services or specific technology. Support packages and activities were adapted to meet a person's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Wellbeing workers completed a range of activities with people on both a group and one to one basis. Each wellbeing worker was linked to a number of people living at the home to ensure everyone had access to meaningful activities.
- People and families spoke positively about the activities available. One family member told us, "My [family member] has been on several trips and loves the entertainment every week. We know what activities are taking place each day as there is an itinerary in their bedrooms. They also visit the local church weekly and have become known to the community."
- Wellbeing co-ordinator worked to build links within the community. We were told they had arranged an exhibition of art made by people living at Cheadle Manor Care Centre for families to attend, and a local

nursery would visit to perform regularly.

Improving care quality in response to complaints or concerns

- People and families told us they felt able to raise concerns if needed. One person said, "I have no need to complain, but if I did, I would speak to the staff or the manager." Families told us they were kept well informed on what was happening within the service with one family member telling us, "Staff keep me informed."
- There were procedures in place to manage complaints and, where concerns were raised, these were acknowledged, investigated and responded to as needed. Learning was shared in forums including supervisions and staff meetings.

End of life care and support

- People had detailed end of life care plans which guided staff to support people to remain comfortable when they reach this stage of life. Consideration was given to people's physical and emotional needs.
- Staff had completed training in this area and were keen to provide good end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People and families spoke positively about the service and outcomes for people. One person told us, "I know the management and there is an open-door policy. I would recommend the home." A family member said, "I know the management well and they are always willing to listen and are available and action anything that we agree."
- Staff described the culture at the service as positive. One staff member told us, "The registered manager and deputy are very supportive." Another member of staff commented, "The registered manager is very approachable and fair to staff. We are able to raise any concerns and give feedback on what is working well and what is not."
- The registered manager and staff team were committed to providing good quality care and responsive to any feedback given.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, families and staff all felt able to raise any concerns with the service if they had them and were confident any issues would be addressed.
- Accidents, incidents, and safeguarding's were investigated, and themes and trends analysed to reduce the risk of reoccurrence. Complains were investigated and responded to, and apology offered when needed.

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

- The registered manager understood and complied with legal and regulatory requirements. Information was being shared with CQC, safeguarding teams and other services as needed.
- Managers and staff were clear about roles and responsibilities. The management team worked together to support the service and staff felt supported in their roles
- The provider used a variety of audits and quality assurance tools to ensure the quality of the service. These were comprehensive and, when any shortfalls were identified, action was taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, families and staff all felt able to share their views. Surveys were completed with families, visiting professionals and staff. This information was mainly positive, but where shortfalls were identified this

information was analysed and used to make changes within the service.

- The service had good relationships with other agencies including health care services. Information and advice from other services was used to develop care plans. One visiting health care professional told us, "It's one of the nicest places physically, and staff are attentive and friendly. Communication is good."
- The service had good links with the community which included the local nursery and church. People were supported to access their local community by staff.