

Maria Mallaband 16 Limited

Manorhey Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Manorhey Care Centre is a nursing care home providing personal and nursing care to up to 83 people including those living with dementia. At the time of our inspection there were 79 people using the service.

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

People told us they felt safe and were well cared for by staff who treated them kindly and with respect.

Staffing levels were sufficient to meet people's needs. However, some staff felt they could sometimes be short staffed. The service manager confirmed they would review the staffing levels further.

Risks to people's safety had been identified and assessed. During the tour of the home we identified a potential safety concern. On the corridors we found vinyl gloves were easily accessible to people particularly on the dementia ground floor. During the inspection the service manager resolved these potential hazards on all floors when we brought this to their attention.

People lived in an environment which was well maintained and clean, with safe infection control and prevention measures.

Staff had attended training relevant to their roles including safeguarding. Any concerns were recorded, investigated and reported to relevant authorities. All incidents were reflected upon for learning and improvement.

Medicines were managed safely. Staff received training and had their competencies checked to ensure safe practice. Regular audits and checks were completed on all aspects of medicine administration.

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.

The provider had systems in place to monitor the quality of the service. The provider sought feedback from people and used this to develop the service. The service manager worked well with other professionals and took appropriate actions when required.

Rating at last inspection

The last rating for this service was good (published 24 June 2021).

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.

We did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manorhey Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Manorhey 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 carried out by two inspectors and two 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

Manorhey 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. Manorhey 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A new manager was due to start at the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we asked the local authority for their views about the service. We also looked at the information we had about the registered provider, including people's feedback and notifications of significant events affecting the service. 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.

During the inspection

We spoke with 10 people who used the service and six relatives about their experience of the care provided. We spoke the regional director, service manager and eight staff. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home. This included four care plans, quality assurance records, two staff recruitment files, medicines records and health and safety checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's needs were assessed, and measures put in place to mitigate them. Care plans contained various risk assessments which had been regularly reviewed.
- Where risks to people had been identified in relation to their nutrition, dehydration and skin integrity, monitoring records were in place. We found these had been completed fully and reviewed by senior staff.
- During the tour of the home we identified a potential safety concern. On the corridor's vinyl gloves were stored, to assist staff with infection control measures. Given some of the people were living with dementia, there was a possibility these gloves could be accessed. A risk assessment had not yet been formalised, but the service manager resolved these potential hazards when we brought this to their attention.
- The service embedded a proactive approach to managing risk to ensure people remained safe. Some people had behaviours that may be challenging to staff and others. Risk management plans provided staff with strategies to de-escalate and calm situations.
- Regular safety checks were carried out on the environment, equipment, utilities and fire safety and records of the checks and safety certificates were maintained.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe living here, the staff have to hoist me, and it doesn't bother me. The staff are very nice, they help me with all my personal care."
- The provider had systems and processes in place to protect people from the risk of abuse and avoidable harm. The service manager investigated safeguarding concerns and ensured risk assessments and management plans were in place to keep people safe.
- Safeguarding alerts were raised externally when required to the local authority and the CQC. A tracker helped the service manager to monitor the safeguarding process when any concerns were raised.

Staffing and recruitment

- There were enough staff employed to meet people's needs included supporting them when out in the community. As well as permanent staff, the provider used regular agency workers who were familiar with people's needs.
- The provider regularly reviewed dependency levels to check the staffing levels continued to meet people's needs. However, we received mixed feedback from staff about staffing levels which we shared with the service manager and regional director who both confirmed they would further review the staff dependency levels. Comments from staff included, "I tend to work across all floors, wherever I'm needed. I think we don't have enough staff at times", "I think we manage fine, it can be very busy at times. But we work well as a team" and "There is sometimes not enough staff, especially when we have staff sickness."

- People and their relatives felt there were enough staff available. One person's relatives commented, "Yes I do think there are enough staff."
- Staff were recruited safely. References and Disclosure and Barring Service (DBS) checks were requested prior to new staff commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- People's prescribed medicines had been administered and managed safely, including the ordering, storage and disposal of medicines.
- Guidance for staff to safely and consistently administer medicines prescribed 'as required' (PRN) was in place. Controlled drugs were stored appropriately, and stock levels were accurate.
- The provider had systems in place for the receipt, storage, administration and disposal of medicines. Audits were completed regularly. Where any mistakes were identified, these were followed up and action taken.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- The registered manager facilitated visits for people in accordance with government guidance. We observed during the inspection that people were able to see their friends and relatives.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded correctly. Staff discussed any incidents or accidents in handover meetings and with the service manager or the nurse in charge. Any actions arising were addressed.
- The provider operated an open and transparent culture whereby staff were encouraged to report concerns or safety incidents.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Although there wasn't a registered manager in place, the provider employed a service manager who had been at the service for a number of years. The service manager was aware of their role and responsibilities and kept up to date with best practice.
- A proposed new manager had been identified to take over. They were currently a registered manager at another location within the organisation, and would be applying to become the registered manager, at the home.
- The provider and service manager had quality assurance systems in place which ensured all aspects of the service were regularly audited. Where issues were identified, action plans were put in place to improve the quality of the service.
- Leadership and management was effective. Staff spoke positively about the support they received from the service manager and deputy manager. Comments included, "[Service managers name] is a great leader, I feel like I can always approach them if I have an issue" and "The existing management team ensure we have consistency here."

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

- There was a positive, person centred approach to the planning and delivery of people's care. Staff knew the people they were supporting well and understood how to support people in line with their preferences and wishes.
- Relatives and staff spoke positively about the management team. A relative told us "I am not sure who the manager is, but I deal with [service manager name], they are very nice and approachable, as is [deputy manager name]. We have had no complaints or concerns up to now. I would not hesitate to speak with them if I had any concerns" and "I have no concerns we are fully involved and feel the management and staff are approachable and would listen, it appears to be well run and the staff know what they are doing."
- Staff felt involved and informed about any changes at the service. All staff we spoke with told us how they liked working at the service and confirmed that handovers, team meetings and supervisions provided them with information regarding all aspects of the service and the opportunity to share their views and opinions.

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

- The provider gathered regular feedback about the quality of the service through questionnaire's and

meetings with people and their relatives. We reviewed the minutes of the last meeting and could see that people had the opportunity to feedback and ask questions to the management team on matters that were important to them.

- Staff attended regular staff meetings where important information was shared and issues were discussed. They felt listened to and any concerns were promptly addressed.

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. Continuous learning and improving care. Working in partnership with others

- The provider understood their responsibilities under the duty of candour, we reviewed the records in place and found that the correct actions had been taken to meet this regulation.
- Any incidents, accidents and untoward events were investigated, and outcomes shared with partnership agencies, people, relatives and staff.
- The service manager promoted an open and transparent culture that encouraged the involvement and feedback of people and staff, with a view to improve the service offered. They use a wide variety of methods and sources of information to identify any improvements needed at the service and took prompt action in response.