

Normanton Lodge Limited

# Manorfields Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Manorfields residential care home is a care home providing personal care for up to 40 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 35 people using the service.

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

Window restrictors had not been fitted to two smaller windows in people's bedrooms. However, the registered manager resolved this during our inspection. Further work was needed to ensure the application of topical creams was managed safely. Other aspects of medicines administration were managed safely, and people received their medicines when needed. Risk assessments and care plans were kept up to date to reduce risks to people's health and wellbeing. There were processes supporting the safe recruitment of staff. Lessons were learnt following incidents and accidents. There were systems to ensure the environment was safe and infection prevention control arrangements were effective. Systems were in place to minimise the risk of abuse. Staff received safeguarding training and knew how to whistle blow.

Improvements had been made since our last inspection. There were systems in place to maintain and improve the quality of service delivery. People, their relatives and staff had opportunities to give feedback on the service and this was used to improve care. Staff received supervision and training. There was a positive culture in the service.

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.

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 and update

The last rating for this service was requires improvement (published 11 November 2021) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

### Why we inspected

This inspection was carried out to follow up action we told the provider to take at the last inspection.

We undertook this unannounced focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12, Safe care and treatment, and Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We found there had been enough improvement and the warning notice had been met. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Manorfields Residential Care Home

## **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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 Safe care and treatment and Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our last inspection we found concerns in relation to assessing risk, care planning, staff training and quality monitoring of the service.

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

This inspection was carried out by two inspectors 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

Manorfields residential care home 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. Manorfields residential care home is a care home without 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 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 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 also sought feedback from external professionals who work with this service and reviewed information we had received about the provider before our inspection. We used this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. We observed people and their interactions with staff and each other. We spoke with 10 relatives about their experience of the care provided.

We spoke with 12 staff during our inspection including domestic staff, kitchen staff, the staff member responsible for maintenance, carers, senior carers, care planning staff, the care manager, the operations officer and the registered manager.

We reviewed five people's care records. We looked at three staff files in relation to recruitment practices. We reviewed various records relating to the management of the service including health and safety checks and incidents and accidents.

# 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 improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure all care and treatment was delivered safely to people. We found shortfalls in risk management, care planning, staff training and deployment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- During the inspection, we found window restrictors not fitted to two smaller windows in people's rooms. Window restrictors help mitigate risks to people who could be at risk of falling out of windows. We informed the registered manager people may still be at risk of falling out of these smaller windows and they arranged for the installation of window restrictors during our inspection.
- Since the last inspection, the provider had ensured accurate and up to date risk assessments and care plans were in place to ensure people's needs were met. These covered areas such as nutrition, mobility and specific health related risks such as Diabetes. Risk assessments were regularly reviewed and updated.
- Improvements had been made to the number of staff who completed fire training. This promoted staff understanding what to do in an emergency.
- People's health risks were monitored by staff. The home regularly checked and reviewed people's weights, falls risks, and oral health. We saw evidence staff sought advice from external medical professionals when there was a change to people's health. In addition, records documented people had been repositioned in line with their assessed support needs. People are repositioned to help prevent skin breakdown.
- The provider had systems to monitor the premises' safety and equipment used to support people. This included regular checks of call bells, mobility aids, fire safety systems and water temperatures.

### Using medicines safely

- We identified further work was needed to improve consistent documentation around topical creams. Electronic records had not always been maintained and the registered manager told us they would revert to paper based records to improve this. Other aspects of medicines administration were managed safely, and we observed people being supported to receive their medicines when needed.
- Staff were trained to administer medicines and managers regularly checked staff competencies in this area.
- There were effective systems to order, store and return medicines. The care manager regularly carried out audits of medicines to ensure safe practices were in place.
- External medical professionals had been involved in decisions where people needed their medicines to be

given to them covertly in their best interests.

#### Staffing and recruitment

- Since our last inspection, staff training had improved, and we found evidence that staff had completed health-related training on Diabetes and Epilepsy.
- Staff deployment improvements had also been made at the home. We observed people having appropriate staff support to eat and access activities.
- Staff schedules showed the home was consistently staffed in line with the provider's assessment of the staffing requirements.
- Staff were assessed for competency to ensure they could deliver care safely. We found evidence the provider checked staff competencies in areas such as moving and positioning people and personal care.
- There were systems in place to promote the safe recruitment of staff. For example, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were carried out before staff commenced their roles. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff received safeguarding training. In addition, information on reporting safeguarding concerns and whistle-blowing processes was available and displayed in communal areas and the office.
- Staff we spoke with knew how to raise safeguarding concerns and could tell us where to report concerns externally should they feel they need to.

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. We saw evidence of completed mental capacity assessments, best interests decisions and completed applications to deprive people of their liberty to the local authority on people's care files.

#### 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.

Visiting in care homes

- Visits were facilitated in line with government guidelines. During our inspection, we saw visits taking place.

Learning lessons when things go wrong

- Incident and accident records were appropriately completed by staff. Records contained details of incidents, accidents, and actions such as seeking medical advice following falls. In addition, there was evidence the care manager consistently reviewed these incidents.
- Managers analysed incidents and accidents. There was documentation in place evidencing falls had been reviewed to identify themes and trends. The registered manager and operations officer showed us how they further planned to improve this to facilitate communication with the staff team about lessons learnt.
- Staff carried out handovers between shifts. This allowed staff to share information about incidents and accidents and any additional monitoring or changes needed in the support people received. Important information was also documented in staff communication books.
- Care plans and risk assessments were updated following incidents and accidents. There were systems in place to make prompt changes to people's care plans and risk assessments where lessons had been learnt.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, poor governance at the service had placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since the last inspection, improvements had been made to staff training. Although the training matrix showed areas of outstanding training, systems were in place to identify when staff required training and we saw evidence of face-to-face training scheduled for the rest of the year. Staff schedules showed collectively, staff on duty had received training relevant to their roles to promote people's safety. We observed staff's interactions with people and they demonstrated a good understanding of people's needs, including how best to communicate with them.
- Audits were now consistently carried out to ensure quality was maintained. We saw evidence that these were carried out consistently and covered areas such as environmental safety, catering arrangements, medicines and infection prevention and control.
- There were effective systems in place to make sure people's care plans were up to date and regularly reviewed. The service had a staff member employed to undertake reviews and updates of people's care plans which meant changes were made promptly. There were also systems in place for staff to record what changes were needed so these could be actioned.
- The service had a registered manager in post. They had a good understanding of challenges staff could face and had a good rapport with people using the service.
- The provider had effective oversight of the service. There were systems in place for an operations officer to regularly visit and carry out quality monitoring at the service. The registered manager told us they felt well supported by the provider.
- There were arrangements in place to store confidential information securely.
- The registered manager was aware of their legal responsibilities to submit statutory notifications to CQC for notifiable events. This includes notifying CQC of allegations of abuse or the death of a person using the service.

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

outcomes for people

- There was a positive culture at the home. Care plans were person-centred and contained information about people's histories, interests, likes and dislikes. During our inspection, our observations of people and their interactions with staff were positive.
- Staff and managers told us there was good team morale.
- The service responded to people's feedback which empowered them to influence the care they received. For example, one person had written to the registered manager with a request; which had been responded to and their care plan was updated to reflect this.

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

- Incident and accident forms evidenced people's relatives were kept informed when things went wrong.
- Relatives feedback supported this. For example, a relative told us, "They are really good at updating me, they are proper good like that. If they can't get hold of me, they ring my brother. They communicate really well with me."

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

- Staff received regular supervisions from managers and had opportunities to attend regular team meetings.
- People and their relatives were able to give feedback about the service. We saw evidence the provider had sought feedback via questionnaires and relatives we spoke with confirmed they had received these.
- Complaints were addressed and responded to appropriately.
- The registered manager and staff worked in partnership with others. We saw evidence of external professionals being contacted and referrals being made in response to people's care needs.

Continuous learning and improving care

- Quality assurance systems supported learning to improve care. Action plans were formulated after quality assurance checks to support the maintenance and improvement of the service people received.
- Managers had good oversight of information relating to incidents and accidents. This meant people's care plans were updated to mitigate risks to people and reflected their current needs.
- Throughout the inspection, we found the registered manager was open to feedback and suggestions to continuously improve care people received. The registered manager told us they had an open-door policy and had worked hard to improve the quality of care people received since the last inspection.