

Pinnacle Care Ltd

Manor House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Manor House is a care home providing personal care and accommodation for up to 26 older adults living with dementia, physical disability or sensory impairment. The service is a two-storey building with 24 ensuite bedrooms, two of which are for double occupancy. There are two communal lounges and a dining room. At the time of our inspection visit there were 24 people receiving care.

People's experience of using this service and what we found
Improvements had been made to quality assurance systems at the service. However, quality assurance checks were not all effective and had not identified some issues identified in our inspection, such as gaps in risk management plans and concerns medicine was not always stored safely.

The provider was taking action to make required improvements to fire safety within the service, including improvements to the fire alarm and fire doors to make them safe.

We were mostly assured infection prevention controls were being followed.

People felt safe using the service. Staff understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People were generally positive about the food provided and told us they received a choice. However, some people's specialist diets were not accurately recorded.

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 spoke positively about the staff and the care they provided. Staff felt supported by the registered manager.

The registered manager was open and honest and worked in partnership with outside agencies. They were committed to making improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 May 2019) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 15 April 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective 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 remains Requires Improvement. This is based on the findings at this inspection.

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

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Manor House

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 one inspector and an Expert by Experience who visited the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience spoke with people and their representatives, to gather feedback on their experiences of the home.

Service and service type

Manor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Manor House 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 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent themes of concern. We sought feedback from the local authority and commissioners who work with the service.

We used information gathered as part of monitoring activity that took place on 13 June 2022 to help plan the inspection and inform our judgements.

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 used all of this information to plan our inspection.

During the inspection.

We looked at four people's care plans, two recruitment records and a variety of information relating to the management of the service. The inspector spoke with nine staff including the registered manager, the area manager, five care staff including senior care staff, a cook and a housekeeping assistant. We spoke with seven people who used the service and three relatives, about their experience of the care provided. We observed care and support in communal areas. We spoke with three health professionals who supported people at the service, about their experience of the care people received.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The service was reviewed in March 2020 and December 2021 by the local authority fire service and improvement works were recommended. The provider had carried out some urgent works following the initial fire service review and arranged for fire risk assessments to be carried out by external consultants in April and July 2022, to identify remaining requirements. A fire door assessment was carried out in July 2022, which identified all doors required improvement works in accordance with fire safety legislation. Following feedback, the provider shared their fire safety risk assessment to demonstrate what action they were taking to mitigate potential fire risks whilst waiting for improvement works to be completed. They advised required works should be completed by December 2022.
- Most risks to people had been identified and assessed, and plans were in place to reduce risks. However, some risk assessments were not sufficiently detailed to provide guidance to staff about how to support people safely. For example, one person had a specialist diet to help them eat safely and minimise risks of choking. The person's nutrition and hydration plan did not include detailed information about what foods they could consume safely and there was no assessment of risk related to them choking. Following feedback, the registered manager took further advice from a health professional involved with the person's care and updated their care plan and risk assessment with clear guidance for staff.
- Water temperature checks had been carried out in line with the service's risk assessment for presence of legionnaire's disease. However, the risk assessment was not in accordance with the Health and Safety Executive's current guidance. Following feedback, the registered manager reviewed the service's assessment of risk.

Using medicines safely

- People told us they received their medicines as prescribed. One person told us, "I have my medicine twice a day. No delays (in receiving medicine) that I know of."
- Medicines were administered and disposed of safely, but were not always stored at a temperature in accordance with the manufacturer's instructions. Records showed medicines stored in the medicine room and in locked cupboards in other parts of the service, had not always been stored at a temperature of 25 degrees centigrade or below, during recent hot temperatures in July and August. This meant there was a risk medicines may not be effective. Following our feedback, the registered manager took advice from health professionals to update the procedure for staff to follow if temperatures rise above recommended levels where medicine is stored.
- Protocols were in place to ensure people received their medicines when they needed them. However, one person's protocol was not sufficiently detailed to provide guidance for staff on how to recognise if the person was in indicating they were in pain. Following feedback, the team leader updated the protocol.

- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them.

Staffing and recruitment

- During our inspection visit there were sufficient staff to meet people's needs.
- The registered manager explained staffing levels were based around people's assessed health and care needs and showed us the tool they used to calculate required number of staff.
- Safe recruitment procedures were being followed, to ensure people received care from suitable staff of good character.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises.

A worksurface in the kitchen was not in good repair and the decoration of a kitchen door had not completed so these surfaces could not be cleaned properly.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People at Manor House were encouraged to have visitors. Visiting policies and procedures were in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person told us, "I would ring the bell to speak to them (staff) and they would come. They are wonderful staff, they make me feel less anxious".
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously
- The manager understood their obligation to report their concerns and any potential allegations of abuse to the local authority and CQC.

Learning lessons when things go wrong

- The registered manager displayed a commitment to learning where things had gone wrong. They acted straight away during and after our visit to make improvements to the service to reduce the risks to people.
- Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events. The registered manager reviewed information to identify if any changes were required to people's care needs to keep them safe. Changes to people's care were shared with staff to reduce the likelihood of further incidents reoccurring.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Overall, people and their relatives told us they were satisfied with the quality of food provided. People were provided with regular drinks and snacks and were given choices about where they wanted to eat their meals. One person told us, "It's ok (food), you get a choice of two meals."
- People's nutritional needs were assessed to ensure they received food and drink in line with their nutritional requirements. However, information relating to two people's dietary requirements was not clear on their care plans. There was no up to date health professionals advice on one person's care plan and their assessments of risk relating to nutrition were conflicting. Information held in the kitchen relating to people's specialist diets was not up to date. Following feedback, the registered manager updated people's care plans and information held by kitchen staff, to ensure information was accurate for staff to support people effectively and according to their needs.
- Food and fluid charts were completed by staff for people who were at risk of weight loss, or required their fluid intake to be monitored. We discussed with the registered manager that amounts of food were not recorded on the charts, so analysis of what people had eaten could not be accurate. The registered manager introduced a new monitoring form on the second day of our inspection.

Staff support: induction, training, skills and experience

- Staff were positive about the standard of training they received. Newly recruited staff followed a formal induction programme and were required to undertake training.
- Staff told us they could request additional training and support if they felt they needed it. However, when we discussed people who lived at the home specific needs, such as diabetes, catheter care and hydration, some staff did not provide confident responses about how they would support people. Following feedback, the registered manager told us they had reviewed staff's training requirements and made further training in these areas accessible for all staff. Further face to face training in catheter care and diabetes was being arranged to be facilitated by a health professional.
- Staff told us they received supervision and feedback on their performance from senior staff. This provided staff with opportunities to raise any concerns and discuss their development needs.

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

- People's needs and choices were assessed before they began using the service and care plans were reviewed if their circumstances changed.
- Protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about any religious or cultural needs they had and care was tailored to

meet these needs.

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

- People had been referred to other healthcare professionals to promote their wellbeing, such as the GP and the district nursing team.
- Healthcare professionals were positive about the support staff gave people and told us staff referred any concerns to them in a timely way.

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

- The service was adapted to meet the needs of people who were living there and there were a number of communal areas. Hallways and doorways were wide enough to allow people to use specialist equipment, such as wheel-chairs. The upper floor was accessible by a lift, stairlift or stairs. There was a communal garden which was level and enabled people using wheelchairs easy access.

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.

- At our last comprehensive inspection improvements were required of staffs understanding of the principles of the MCA. We found improvements had been made.
- Staff completed training in mental capacity. The registered manager and staff demonstrated they understood people's capacity could change, according to their health.
- Mental capacity assessments were carried out for people when a need was identified. Applications to restrict people's movements had been made to the local authority, where required.
- People had been supported to make decisions about their care and support in their best interests, involving people important to them, their legal representatives and health professionals where appropriate.
- People told us staff obtained their consent before they supported them. One member of staff explained how they obtained consent from a person who had difficulty communicating verbally. They told us, "I describe what I'm doing and show people things to choose from."

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 remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to have robust systems in place to monitor and improve the quality of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities).

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; Continuous learning and improving care

- The registered manager and the provider carried out regular quality assurance checks of the service and these checks had identified areas for improvement. However, the checks were not all effective because they had not identified issues we found during our visit. For example, medicine audits had not identified issues with medicine storage. Care plan audits had not identified gaps in risk management plans.
- The provider had not displayed their previous CQC rating report on their website prior to our inspection. Following feedback, the provider ensured their CQC rating and report was displayed on their website on the second day of our visit. They told us the report had not been displayed for two weeks due to an error.
- The registered manager understood their responsibility to be open and honest when things had gone wrong. They acknowledged the issues we found and took some immediate action during and following our inspection visit to make improvements where shortfalls had been identified.
- The registered manager was aware of their responsibilities under the new general data protection regulations.
- The provider had oversight of the service and shared learning across their group of homes, through regular governance meetings with their management team. Items discussed included learning from accidents and incidents.

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

- Relatives were happy with the service provided and praised staff. People knew who the manager was and had confidence in staff. One relative told us, "Generally no complaints about Manor House, staff are very good and keep me informed."
- Staff gave positive feedback about working at the service. They felt well supported by the registered manager and other senior staff.

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

- The registered manager understood their obligations for reporting important events or incidents to relevant agencies, including the CQC.

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

- People told us they were asked for their opinions about the service. One person told us, "They ask me if I'm happy." People were encouraged to share their experiences of the service by completing surveys and some people attended meetings. Surveys were shared with people, their relatives and representatives, staff and health professionals. The most recent survey for people who used the service had been completed in October 2021. We saw responses had been analysed and actions were taken to improve the service, such as improving the garden to ensure people can enjoy the outside space.

Working in partnership with others

- The registered manager worked well with the local authority and the local health authority, to make improvements to the service. There were links with commissioners and infection control teams who provided support throughout the pandemic.
- The registered manager worked with other health and social care professionals and external organisations to improve people's experience of care. Health professionals confirmed this and told us any concerns were referred to them and their recommendations were followed, to improve people's wellbeing.