

SCL Operations Limited

Manorcroft

Inspection report

Old Bank Road
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West Yorkshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Manorcroft is a care home providing accommodation, personal and nursing care for up to 40 people, including people living with dementia. It is purpose built, providing accommodation across 2 floors. At the time of our inspection there were 35 people using the service.

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

Medicines records did not always contain enough detail. Quality assurance and supervision systems and processes were in place, however they needed further embedding into the service.

We have made a recommendation regarding medicines management, quality assurance systems and supervision processes.

Risks to people's health and safety were managed effectively. People felt safe at the service and were safeguarded from the risk of abuse. Effective Infection Prevention and Control (IPC) practices were in place.

Staff were recruited safely and appropriately trained. There were enough staff to meet people's needs.

Care was person centred and respected people's choice. People were involved in their care and the service worked effectively with other healthcare agencies to meet people's needs.

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.

There was a positive culture at the service that created an open and honest environment. People and relatives spoke positively about the service and the care received. The service had taken steps to engage people and drive improvement.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 December 2019).

Why we inspected

We received concerns in relation to medicines management, care delivery and staffing. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

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.

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 based on the findings of this inspection.

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

Recommendations

We have made a recommendation regarding medicines management, quality assurance systems and supervision processes.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Manorcroft

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 an inspector, 1 medicines inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Manorcroft 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. Manorcroft 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 not a registered manager in post. A new manager was in post and was in the process of registering.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 February 2023 and ended on 1 March 2023. We visited the location's service on 20 February 2023.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and Healthwatch Kirklees. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 spoke with 8 people who use the service and 4 relatives about their experience of the care provided. We spoke with 5 staff members including the manager, carers, and kitchen staff. We spoke with 1 healthcare professional who worked with the service.

We reviewed a range of records including 7 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and supervision. We reviewed records relating to health and safety and the management of the service, including policies and procedures and quality assurance records.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were mostly managed, stored and administered safely.
- Records were completed however they did not always contain enough detail. For example, when there was an option to give 1 or 2 tablets it was not always recorded how many had been given and at what time. There was no evidence of harm to people.

We recommend the provider follows good practice guidelines and ensures robust records relating to medicines management are in place.

- Staff received training for medicines management and their competency was assessed.
- People consistently told us they received their medication on time when they needed it. Feedback included, "If I need Paracetamol I can ask and I get one," "I get what medicine I need when I need it" and "I get all my medicines."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- People felt safe at the service. Feedback included, "I am safe here. They check on you all the time," "I feel safe here. They look after me" and "I do feel safe there is someone about all the time."
- Staff received safeguarding training. They were knowledgeable regarding different types of abuse and protecting people from harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were monitored and managed safely.
- People had care plans and risk assessments in place. They were kept up to date and were reflective of people's individual needs and risks.
- Health and safety maintenance checks were up to date, for example, equipment checks and electrical testing.
- Systems and processes were in place to report and investigate accidents and incidents. Lessons learned were then shared with staff. One staff member told us, "We discuss lessons learned at the clinical governance meeting. We recently learned a lesson and improved handover."

Staffing and recruitment

- Processes and procedures were in place to ensure safe staffing and recruitment at the service.
- There were enough staff to meet people's needs. Feedback included, "They have enough staff" and "They

have more permanent staff now and they have settled right in."

- The service completed appropriate staff recruitment checks, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 at the service were facilitated in line with latest guidance.

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. At this inspection the rating has changed to 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

- Systems and processes were in place to assess people's needs prior to care and support commencing. Outcomes for people were identified and regularly reviewed.
- People's preferences regarding care were recorded including their likes and dislikes, life history and religious needs.

Staff support: induction, training, skills and experience

- Staff had the necessary training, skills and experience to care for people effectively.
- People consistently told us that staff were well trained and knowledgeable. Feedback included, "Staff are trained. They are very good and do what I need," "They know what they are doing" and "They are well trained here."
- Systems and processes were in place to induct and train staff.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional needs were assessed, monitored, and managed effectively.
- When required, people were supported to eat and drink. Assistance was provided in a kind and respectful way that maintained people's dignity.
- People and relatives spoke positively regarding nutritional needs. Feedback included, "I have a choice of food," "They will always get me something I want" and "[Name] was only eating ice cream and now eats a normal diet and has put weight on. The food is really good."
- The service referred appropriately to other agencies and health professionals to provide consistent, effective, and timely care. One person told us, "If something is wrong, they do something about it." One professional told us, "They refer to me without delay and are very proactive. They action recommendations I make for people."

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

- People's rooms were personalised, and some dementia friendly signage was in place. For example, people's rooms were decorated with personal items and photographs and door signs had pictures reflecting people's interests.

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.

- The service was acting within the legal framework of the MCA. Where people lacked capacity to make decisions, best interest processes were followed.
- Appropriate DoLS applications had been made where the service suspected people were being deprived of their liberty. These were reviewed and re-applied for within required time frames.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems and process were in place to monitor and improve the service. Some systems had been recently implemented by the new manager but were not yet fully embedded into the service.
- Staff told us they felt supported in their role. Systems for providing and monitoring supervision and appraisals had recently been updated. More time was required to ensure all staff were receiving regular supervision and appraisal.

We recommend quality assurance and supervision, systems and processes, are fully embedded at the service to further support staff and continually drive improvement.

- The service had recently recruited a manager who was in the process of registering. The manager had good oversight of the service and shared information with staff to learn lessons and improve standards.
- The provider submitted appropriate notifications about significant events that happened within the service, for example, safeguarding concerns were reported to the local authority and CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager and staff created an open and positive culture at the service which was person centred and achieved good outcomes for people.
- People and relatives were involved in their care. They spoke positively about the service, staff and care they received. Feedback included, "It's definitely a good home they accommodate you in every way," "It is good here I am looked after," "We had a meeting recently to talk about [Name's] care" and "When [the manager] came in it went up a gear."
- Staff were happy within their role and spoke positively about the manager. Staff told us, "I am happy in my work, I love the residents," "I am happy. There have been positive changes" and "I absolutely love working here. Everyone is supportive, the residents are lovely, and the manager is good."
- The service had taken steps to engage people and relatives, obtain feedback and use it to make improvements.

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; Working in partnership with others

- The manager understood their responsibility under the duty of candour and was open and honest when accidents and incidents occurred.
- The service worked effectively with other healthcare agencies, for example, GP's and palliative care nurses to meet people's health and care needs.