

Swinnerton Trust Limited

Manor Court Home

Inspection report

Manor Court Road
Nuneaton
Warwickshire
CV11 5HU

Tel: 02476383787

Date of inspection visit:
16 February 2023
21 February 2023

Date of publication:
22 March 2023

Ratings

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

Summary of findings

Overall summary

About the service

Manor Court Home is a care home providing accommodation with personal care for up to 24 people. The home is purpose-built accommodation, providing care and support to people across three floors. At the time of our inspection visit there were 18 people living at the home.

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

At our previous inspection we found risk management procedures needed to be improved to ensure people always received safe care. At this inspection the required improvements had been made. Risks to people's health and wellbeing had been identified, assessed and managed. The provider's checks helped ensure medicines management followed best practice. There were enough trained staff to provide safe care to people. The home was clean and people could visit their relatives when they wished. Staff understood their role in safeguarding people from the risk of abuse.

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 registered manager was experienced and worked with the provider to develop and maintain systems and processes for reviewing the quality of the care provided. Any actions identified were pulled into a 'home improvement plan'. The provider worked with other organisations and healthcare professionals to improve outcomes for people.

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 February 2020). We identified a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The provider had submitted an action plan about how they intended to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. At this inspection the overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Why we inspected

The inspection was undertaken to assess whether the home had improved and whether the provider had met their action plan.

We undertook a focused inspection to review the key questions of safe and well-led only. 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.

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.

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.

Manor Court 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.

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 2 inspectors and an Expert by Experience. One inspector made phone calls to staff and health professionals, whilst another 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.

Service and service type

Manor Court 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. Manor Court 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 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 an experienced registered manager in post.

Notice of inspection

The first day of our inspection was unannounced. We informed the registered manager we would return for a second day to complete our inspection visit.

Inspection activity started on 15 February 2023 and ended on 23 February 2023. We visited the location's service on 16 and 21 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at the information we had received from relatives and people who used the service. We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who use the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had been asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 5 relatives/visitors to the home about their experience of the care provided. We carried out observations on both floors of the home to assess people's experiences of living there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 6 members of staff including the registered manager, the care manager, a maintenance officer, a team leader and 2 members of care staff. We also received feedback via email from 2 members of care staff. We received feedback from 5 health professionals who regularly visited the home.

We reviewed a range of records. This included 5 people's care records and/or medication records. A variety of documents relating to the management of the service, including policies, training records and maintenance records. We also reviewed 2 staff recruitment files and quality assurance documents.

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 changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our previous inspection we had identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. This was because risk management needed to be improved, to ensure people always received safe care. At this inspection we found the required improvements had been made to the service.

- The provider had a system in place to record each person's health conditions, risks to their health, their support needs, and the daily tasks that care workers supported people with, on an electronic care records system.
- Environmental risks were assessed, and risk mitigation plans were in place to reduce any potential risks. A member of the maintenance team said, "There has been a focus on improving systems and procedures to ensure risks are identified and action is taken to make any improvements required."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they were confident Manor Court was a safe place to live. One person said, "I'm very comfortable here. I love it" and "The staff are lovely. I feel very safe." A staff member said, "I would have no problem with my own relatives living here." A visiting health professional commented, "Manor Court has a family feel."
- Staff had regular training in how to safeguard people from the risk of abuse. Staff told us they understood their safeguarding responsibilities to report any concerns around abuse to the registered manager or provider.
- The registered manager understood their responsibility to report any concerns to other organisation to help ensure people's safety and welfare.

Staffing and recruitment

- People and their relatives told us there were enough staff to keep them safe and respond to their requests for assistance. One person said, "They [staff] come when I need them to."
- Staff told us they had a regular staff group and did not need to use temporary or agency staff at the home, which meant staff knew people's needs well. Relatives confirmed this. One relative said, "They [staff] are always prompt in letting me in. There's a close-knit core of workers who know us." Comments from staff included; "It's a good place to work, we [staff team] get along well together" and "Our training is always kept up to date. We don't use agency staff here, so we work as a team. Staff are flexible."
- Recruitment and selection processes were in place to make sure staff were suitable to work with people living at Manor Court. These included seeking references from previous employers and obtaining a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information

including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed and by trained staff. Medicines were ordered, administered and disposed of safely.
- Some people needed medicines on an 'as required' (PRN) basis. There were guidelines for staff to follow to determine when these medicines should be considered.
- Where people required patches to be administered to their skin, for slow release medicines, there were patch records in place to help ensure people had their patches changed and sited at the correct time. This reduced the risk that patches could cause skin irritation.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- On the first day of our inspection visit there were some restrictions on visiting the home, as there was an outbreak of COVID 19. However, on the second day of our inspection there were no restrictions in place around visiting, in accordance with government guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed by the registered manager to help ensure action was taken to prevent reoccurrence. Staff also discussed accidents and incidents at daily handover meetings to help prevent a reoccurrence.
- The provider had a system in place to ensure they had an overview of any accidents, incidents, near misses, concerns and complaints received. Trends and patterns were identified to help ensure people were protected from avoidable harm.

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 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.

- Where people had been assessed as lacking capacity to make a specific decision, decisions had been made in people's best interests.
- Staff supported people to make their own decisions and sought consent before providing care and support. People told us they were involved in the planning and delivery of their 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.

At our last inspection we rated this key question as requires improvement. The rating for this key question has improved 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

- At our previous inspection we identified risk management needed to be improved to consistently ensure people received a good service that met their needs. At this inspection we found the improvements to the service had been made.
- The registered manager was experienced, and worked alongside a care manager, supported by a board of trustees. Recent changes in the leadership at the home meant the registered manager had been able to implement new governance procedures to make the required improvements. Comments from staff included; "The registered manager has been very supportive in getting systems in place and making improvements here. If there are any problems, we just let her know."
- The registered manager carried out audits and checks on the quality and safety of the service provided alongside the provider and the maintenance team. These included premises, medication and infection control audits and reviews of risk assessments and care plans.
- The provider worked with the registered manager in reviewing the quality of the care provided. Where actions were identified, they were pulled through into a 'home improvement plan' which was regularly monitored to ensure identified actions were being addressed.
- A recent refurbishment and re-decoration programme had been undertaken. Comments from relatives about the improvements included; "There's always changes going on; updating the home all the time."

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

- People told us they were involved in planning their own care, and deciding on how the home should be improved. One relative said, "I speak to [registered manager] regularly off the cuff. She's very approachable and courteous. They do listen." Another relative said, "I do believe it's well managed."
- Each year people, their relatives and staff were invited to complete a questionnaire about the home. The questionnaire provided an opportunity for people to comment on their experience of living in, visiting or working at the home. The results were analysed and helped to inform an action plan.
- One member of staff told us about how the home had improved, allowing staff to discuss any required improvements saying, "There is a no blame culture, which encourages people to be open and honest about any mistakes they make."
- Staff told us they felt supported by the registered manager and care manager at the home. Staff described the 'open door' policy saying, "We can contact the managers at any time for advice and support" and, "The

managers here are very understanding and support staff to maintain and work life balance."

- Staff members told us they had regular team meetings, daily handover meetings, and meetings with their managers to keep them informed about changes and improvements. One staff member commented, "The managers are open to our feedback."

Working in partnership with others

- The provider was using a local initiative which involved regularly monitoring people's oxygen levels, pulse rate and blood pressure to identify signs of ill-health early. This helped to reduce demands on GP and hospital services. One health professional told us how the managers at the home were improving outcomes for people by using these new initiatives. They added, "They are also good at following advice and taking up training opportunities."

- The provider sought advice and guidance from other organisations to improve outcomes for people. One health professional told us, "There is very clear communication and [registered manager] is very thorough." They added, "It is a great little home."

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 managers understood their responsibility to comply with the CQC requirements and was aware of the importance of notifying us of certain events that had occurred in the service.
- People's representatives told us they were kept informed of how people were cared for.