

Trident Reach The People Charity Manor Park

Inspection report

24 Manor Park Grove
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 21 January 2019 and was unannounced. Manor Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Manor Park is registered for five people with learning difficulties. On the day of our inspection, five people were living at the service.

At the last inspection on 24 May 2016 the service was rated good. At this inspection the provider and registered manager had maintained this good rating overall. Historically the home has a sustained a history of compliance with legal requirements.

The home has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People living at Manor Park could live a life as fully as they were able in a homely environment that had been created to meet their needs.

On the day of our inspection there was a registered manager in post who was available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service was run.

There were effective systems in place to monitor the quality and safety of the service provided. However, a lack of attention to the maintenance and repairs by the maintenance staff indicated that the home was not well maintained.

People living at the service were protected from the risk of harm because the provider had processes in place to ensure their safety. Staff all knew and understood their responsibilities in relation to protecting people from abuse and had had received the training they needed to support their understanding of safeguarding adults. The registered manager had fulfilled their legal responsibilities and had reported any issues to the local safeguarding teams and CQC.

People were supported by enough staff who had been adequately trained. Staff competence was regularly assessed to check their understanding. The registered manager followed robust recruitment checks to ensure that staff employed were suitable to support people using the service with all aspects of their care. People received their prescribed medication safely.

People's needs were assessed and there was person centred guidance available for staff to follow about how to meet people's needs. This meant that staff knew how people liked their care to be delivered and

what was important to them.

Staff sought consent from people before caring for them and they clearly understood and followed the principles of the Mental Capacity Act, 2005 (MCA). Where people were deprived of their liberty, processes had been followed to ensure that this was done lawfully.

The service was well led and staff spoke warmly about the people living there. We saw that people and relatives were treated with kindness. Staff supported people with respect and dignity, and had developed some positive relationships with people.

People received care that met their individual needs, people's views and preferences were sought and staff provided people with opportunities to have a meaningful and interesting life and be integrated into the local community.

Information about people's care was provided in formats that were accessible to people so that they could understand. The registered manager provided strong and stable leadership and clear direction to the staff team who said they felt supported.

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.	Good ●
Is the service effective? the service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was effective.	Good ●
Is the service well-led? The service was not always well led,	Requires Improvement ●

Manor Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on the 21 January 2019. The inspection team consisted of one inspector.

We asked the provider to complete a Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account when we made the judgements in this report. We also reviewed the information we held about the service including notifications. A notification is information about important events which the provider is required to send us by law. We used all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit, we met the five people who live at the home. People living at Manor Park have a learning disability. Verbal communication is not everyone's preferred method of communicating, so we spend time observing peoples care in the communal areas of the home. We used the used the Short Observational Framework for Inspection(SOFI). SOFI is a way of observing care to help us understand how people experience the support they are given.

During our inspection we spoke with the registered manager, two care staff and a relative. We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at how medicines were managed by checking the Medicine Administration Record (MAR) charts. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

At the last inspection on 24 May 2016 this key question was rated good. At this inspection the -provider had maintained this good rating.

The registered provider and registered manager had implemented systems and processes so that people were protected from the risks of harm. Staff we spoke with could all describe the different ways that people may be at risk of being abused. There were established processes in place to ensure any concerns raised would be dealt with appropriately.

Staff were all able to tell us that they had received training on how to keep people safe. They knew the different types of abuse and how to report concerns to. They told us they were sure that any concerns they had would be acted upon. Where there had been any incidents these had been reported appropriately in line with legal responsibilities. A relative told us that she was confident that her relative was safe and looked after by staff that knew her well.

Where accidents or incidents had occurred, there was a system to report and review them to look for any lessons that could be learnt to reduce the risk of the situation happening again. We saw records that showed that this learning was shared with the staff team. Risk assessments were in place for the different aspects of people's care. These were detailed enough so that staff had the information they needed to know what support each person needed to keep them safe.

People were supported by regular staff so that the staff were familiar with people's individual needs and preferences. We saw that there were enough staff to support people and meet their needs. Staff all told us that there was enough staff to support people. Unplanned absences were covered by staff doing additional shifts, or the use of regular bank staff.

The registered provider had a robust recruitment policy. Staff told us that they had completed recruitment checks, including a disclosure and barring service (DBS) security check, had provided references and proof of identification before they started work. We looked at a member of staff's records which showed recruitment checks were followed.

The registered manager implemented robust systems to manage medicines safely. Staff told us and records confirmed that they had received training before they were given the responsibility to administer medicines. Checks were made on staff's continued competency to undertake this task. Where people required 'as required' medicines there were protocols in place so staff knew what action to take before the medicines were given.

We saw that the home was clean, but some areas of the home had been repaired in a way that didn't facilitate deep cleaning. Staff had completed training in infection control and good food hygiene practice so that people were protected from risks associated with infection. Staff spoken with knew their role and responsibilities towards keeping a safe, clean environment and personal protective equipment was

available.

Is the service effective?

Our findings

At the last inspection on 24 May 2019 this key question was rated good. At this inspection the registered manager had maintained this good rating.

Staff told us they felt well supported in their role and had supervision regularly. Staff knew people well and were knowledgeable as they had the skills to meet the needs of people using the service. Staff told us that they had the training they needed and could seek support from the registered manager if they were unsure of anything.

The registered manager's training records showed that staff were mostly up to date with the training they need. All staff completed training which included training the provider considered mandatory and specific training that was needed to enable them to meet the needs of people using the service. Staff told us and the provider information return (PIR) stated that all staff completed care certificate training. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care.

People's needs had been assessed. There was clear person-centred information and guidance for staff to assist them gain a good understanding of an individual's needs. We saw that because staff knew people well, they knew the things that were important to them.

We saw that people were offered home cooked food. The menus available didn't reflect a wide variety of foods, or food that reflected people's cultural heritage. The registered manager was already aware of this, and working on plans to address it. We saw the plans that were in development to address this so that people were offered more variety of foods.

People's physical and emotional health needs were well met. People were supported to attend appointments with health care professionals to maintain good health, including GP, opticians, chiropodist, community nurses and psychiatrists.

People's bedrooms were decorated in individual styles to reflect the things were important and interesting to them. Communal rooms were also accessorised with things people liked, and included photographs of the people living there at the home doing things that they enjoyed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff told us they had received training on MCA and Deprivation of Liberty Safeguards (DoLS) and we saw that people were offered choices throughout the day so that they had some control over their lives.

We saw that where decisions were made on people's behalf, there were records of best interest's discussions, which were held with relatives, or the person's representative, relevant healthcare professionals and the staff who supported the person. This ensured the decisions made were in the person's best interests. A relative confirmed with us that they had been consulted about decisions about their loved one's care needs.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw that staff were working within the principles of the MCA, and were aware of who was subject to a DoLS. The registered manager had a system in place to ensure that when people's DoLS expired they could reapply for a new one in a timely way. This meant no unnecessary restrictions were place on people and their rights were protected.

Is the service caring?

Our findings

At the last inspection on 24 May 2016 this key question was rated good. At this inspection the provider had maintained this good rating.

We saw that people received support from staff that were consistently kind and caring. We saw that staff engaged with people in an affectionate and warm manner that created a friendly, warm environment for people living at Manor Park. Staff all spoke warmly about the people living at the home and their individual qualities. A relative told us that staff were extremely kind and caring, and couldn't be faulted.

People were supported to express their views and make decisions about their care as much as they were able. The staff team knew people well, so understood their preferred communication style, and what was important to them. We saw staff tried to involve people in making decisions, such as what they wanted to do, what they wanted to eat and drink. We saw staff use different approaches to help people understand the options so they could express their views and make choices.

The registered manager and the staff were committed to promoting people's independence. People could be involved in making choices where they were able, such as what to eat and what to wear. People were treated with dignity and respect by the staff who supported them. Their privacy was maintained as each person had their own room to promote their privacy. We saw that people were well presented and were wearing clothes that reflected their age, gender, weather conditions and individual style.

Is the service responsive?

Our findings

At the last inspection on 24 May 2016 this key question was rated good. At this inspection the provider had maintained this rating.

People living at Manor Park received personalised care from a staff team who had a good understanding of their individual needs and preferences. People's received person-centred care so that they achieved a good quality of life. Staff worked with each person to support them express their choices where possible and do things that they enjoyed in ways that were unique to them. For example, we saw one person enjoying their breakfast at a time they had chosen to get up.

Communication at the home was good, and there were regular opportunities to discuss people's support and wellbeing at handovers, staff meetings or one to ones. This meant that staff team received information about any changes in people's health and wellbeing to ensure they could continue to support them in the best way possible.

We saw examples of good interactions between people and staff. We saw that staff were aware of people's verbal and non verbal communication so they were aware of people's emotions. This meant staff could anticipate people's needs.

Where people's needs had changed staff told us and records that showed people's care was adapted to meet these needs. For example, some people had positive behaviour support plans in place, so that staff could respond in a consistent way to reduce the frequency and impact of the behaviours.

We saw that people could take part in a variety of activities they enjoyed, both in house and in the community. For example, going to the cinema, shopping and visiting local places to eat. On the day of inspection two people were supported to go out for lunch at a local pub. Other people were enjoying their hobby of knitting, and another person was enjoying spending time with staff teasing them in a playful way. Within the home there was work underway to develop the home to create a sensory area for people to be able to enjoy.

People using the service were not all able to say if they had a complaint. However, staff knew them well and recognised when people were unhappy. There were clear records that showed what people did to show that they were happy or sad and staff spoken with were very familiar with how people communicated. We saw there was a complaints procedure displayed and in accessible formats to people at the service. A relative told us, "I am aware of how to complain but have nothing to complain about."

From August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify, record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively. The registered manager was aware of this and had provided some information needed in accessible formats.

Is the service well-led?

Our findings

At the last inspection on 24 May 2016 this key question was rated good. At this inspection the question is now rated requires improvement as the registered provider had not maintained this good rating.

The registered manager had effective systems and processes in place to monitor the quality of the service people received. We saw that these were used to drive improvements throughout people's care. Audits were undertaken regularly in all aspects of service delivery. However, the registered provider had failed to ensure repairs and maintenance had been carried out effectively.

The registered manager was aware of the repairs and maintenance issues that needed to be addressed, and had escalated these in line with the company policies. However, we saw some matters were outstanding and others that not been addressed in a timely way, which potentially placed people at risk of harm. For example, we saw evidence that the registered manager had raised multiple calls about the heating and hot water in the home. While some work had been undertaken this had failed to address the issues. On the day of inspection, we saw that some radiators were not working and the home was cool in places.

We saw that some areas of maintenance that had not been carried out to a high standard. For example, tape had been used to repair floor coverings and odd drawers had been used to repair kitchen cupboards. This suggests a lack of regard by staff responsible for carrying out these repairs to ensure people had a warm and homely place to live.

Staff spoken with felt that they were well supported by the registered manager, who gave constructive feedback on their performance. This included things that they did well, but also things they could do differently.

The registered manager also manages another home operated by this registered provider and led by example. We saw her modelling good interactions with people. All the staff we spoke with felt the registered manager was a good and approachable manager. Staff told us that they felt that they could approach the registered manager to discuss any concerns they had with them.

The staff we spoke with told us there was also a whistle blowing policy and they could report any concerns they had on a confidential basis. One member of staff told us of an incident that they had raised. They said they were comfortable to do this and the situation had been addressed. The registered manager operated in an open and transparent way, they were aware of what and when they should report events to other agencies such as CQC and made the appropriate notifications.

The registered manager had completed the provider information return (PIR). This was completed but didn't reflect the unique nature of this service. It did show some awareness of areas of care provision that needed further development. The registered manager said at the time of completing this they had not long been in post and they were still learning about the service. They assured us that the next submission would be more reflective of the unique nature of this service.

We saw that the staff team worked hard to find ways to engage with all of people at the service, and looked for ways to overcome barriers to communication. There was information in people's care records to provide staff with information on how best to communicate with people, and we saw staff communicating effectively with people on the day of inspection. People were supported to take part in events in the local community and accessed the community facilities in line with the values underpinning Registering the Right Support.