

Trident Reach The People Charity

Manor Park

Inspection report

24 Manor Park Grove
Northfield
Birmingham
West Midlands
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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?	Good ●

Summary of findings

Overall summary

This inspection took place on 24 May 2016 and was unannounced. The inspection team consisted of one inspector. At our last comprehensive inspection in February 2015 we found that people who used the service were not being supported in line with the requirements of the Mental Capacity Act 2005. Following the inspection the registered provider gave us reassurances and sent us plans about how they would ensure they met the needs of the people they were supporting and their legal requirements. During this inspection we found this had improved.

Manor Park is a care home without nursing for up to five people who have learning disabilities. At the time of the visit three people were using the service. The home had a registered manager although they had been off work for some time. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service and staff were being supported by a registered manager from another of the provider's homes and was present during our inspection.

People's relatives and staff told us they felt people were safe in the home. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were good and there were systems for checking that medication had been administered to people in the correct way.

People's relatives told us that they were very happy with the care provided. People had opportunities to participate in a range of activities in the home and community, but staff respected people's wishes when they wanted to be alone in their rooms.

People's relatives and friends were encouraged to visit and made welcome by staff.

Staff regularly asked people how they wanted to be supported and when necessary people were supported by those important to them to express their views. People were treated with dignity and respect.

Staff understood the needs of the people who used the service and how they liked to be supported. We saw that staff communicated well with each other.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

The manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. The manager sought and took advice from relevant health professionals when needed.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and suited their preferences.

The temporary manager had provided effective leadership to ensure staff were well motivated and enthusiastic. The manager and provider assessed and monitored the quality of care consistently through observation and regular audits of events and practice.

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 ●

Relatives told us they felt people were safe in this home and we saw that people were confident to approach staff.

Staff demonstrated that they knew how to keep people safe and managed people's medicines safely.

Staff were sometimes busy trying to meet people's care needs promptly.

Is the service effective?

Good ●

This service was effective.

People were supported in line with the Mental Capacity Act 2005.

People were involved in making decisions about their care because staff knew people's preferred means of communication.

People received the appropriate support to eat and drink enough to maintain their health.

Is the service caring?

Good ●

This service was caring.

We saw and relatives told us that staff were kind and treated people with dignity and respect.

Staff sought people's views about their care and took these into account when planning their care and support.

Is the service responsive?

Good ●

This service was responsive.

People were supported to take part in activities and interest they enjoyed.

People and relatives were encouraged to express their views of the service and the manager and staff responded appropriately.

If needed people could access the provider's formal complaints system.

Is the service well-led?

This service was well-led.

Staff said the temporary manager provided them with the appropriate leadership and support.

Staff were well motivated and enjoyed working at the service.

There were robust systems to monitor and improve the quality of the service.

Good ●

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 inspection took place on 24 May 2016 and was unannounced.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed the action plan the provider had sent us in response to concerns raised at our last inspection. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with the manager, four members of the staff team and the relative of one person. Due to their specific conditions none of the people who used the service were able to speak with us so we observed how staff interacted with and we also 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 sampled the records, including each person's care plans, staffing records, complaints, medication and quality monitoring. After the visit we spoke with relatives of two people who used the service and a health care professional on the telephone.

Is the service safe?

Our findings

Everyone we spoke with told us that they felt people living in the home were safe. We saw that people looked relaxed in the company of staff and were confident to approach them for support and comfort. A relative told us, "She is definitely safe here. She has been here for several years and there have been no concerns." Another relative said, "They let us know if there are any concerns."

The manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. They were aware of the need to pass on any possible concerns regarding the conduct of their colleagues and they knew how to do this. All the staff we spoke with believed any concerns would be taken seriously by the manager and provider.

People were encouraged to have as full a life as possible, while remaining safe. We saw that the manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. When necessary, measures were put in place to minimise any danger to people. The manager had reviewed people's care plans and risks when they started to use the service. We noted that risks to people were reassessed as their conditions changed.

Although no new members of staff had been recruited recently, staff told us that the provider had taken up references about them and they had been interviewed as part of the recruitment and selection process. The manager confirmed they were supported by the provider's human resources (HR) department during the recruitment process. The manager said they were unable to offer employment to applicants until the HR department confirmed that they had conducted the appropriate checks to identify they were suitable to support people who used the service.

We saw that there was generally enough staff to meet people's care needs. A relative we spoke with said, "I think there is enough staff. People don't seem to have to wait for help." All the staff we spoke with said they could be very busy in the morning when helping people with personal care. One member of staff told us, "Once people are up and had breakfast we don't have to rush." Staff told us the manager would always help to support people with personal care when necessary. We observed staff were very busy when helping people to get up and eat breakfast however they were still able to respond promptly and did not rush people when providing support. During the rest of our visit staff were attentive and quick to provide people with reassurance and comfort when necessary. People were supported at a pace which was suitable to their needs.

The manager told us that staffing levels would increase when more people started to use the service and this would increase the ratio of staff to residents. Staff also told us that additional staff were made available to support people to take part in planned activities in the community. People were supported by a core group of staff who had worked at the service for several years and staff told us that when necessary they

were happy to work additional hours which reduced the need for agency staff. This ensured that people were cared for by staff who knew them and their needs.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitably safe location. The medicines were administered by staff who were trained to do so and had undertaken competency checks. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions which would mean that they should be administered. Staff had signed to indicate that they had read these. We sampled the Medication Administration Records (MARs) and found that they had been had been correctly completed. There were regular audits of the medication.

Is the service effective?

Our findings

Relatives we spoke with told us that the staff were good at meeting people's needs. One relative told us, "The staff know what they're doing, they've supported them for years." Another relative said, "They know how to communicate and what she is trying to say." Staff we spoke with gave us several examples of how people's conditions had improved since they started using the service.

Staff told us they had received induction training when they first started to work in the home which covered the basic skills and knowledge they needed to meet people's specific care needs. Staff then received annual updates in relation to basic areas such as safeguarding, medication, health & safety and first aid. Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. Staff could explain how people preferred to communicate and what their individual gestures and sounds meant. We noted this was in line with people's communication plans. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. All members of the staff team were encouraged and enabled to obtain nationally recognised qualifications and received regular training updates.

Staff confirmed that they received informal and formal supervision from the manager on a regular basis. They felt well supported by the manager and other team members. One member of staff said, "The manager is fine. They are always around." There were staff meetings to provide staff with opportunities to reflect on their practice and agree on people's care plans and activities.

At our last inspection we were concerned that people were not being supported in line with the Mental Capacity Act 2005 (MCA). However we found improvements had been made. The 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 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 particular 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). We saw that the manager had sought and taken appropriate advice in relation to people in the home. When the manager had received approval to restrict people's liberty these practices were regularly reviewed to identify if they were still required. Staff were able to explain how they supported people in line with these approvals. There was a process to ensure that applications to renew existing approvals would be made promptly.

We saw that staff had carried out nutritional assessments in relation to people. They had sought and taken the advice of relevant health professionals, including speech and language practitioners in relation to people's diets. There was clear guidance which staff could explain when people required their food to be a specific consistency.

People appeared to enjoy their meals. We observed people ate all their food at lunch time and were happy to have seconds. We saw and records confirmed that people were regularly offered a choice of meals and could pick the one they preferred. Staff told us that menus were updated as people tried different meals and staff got to know what people liked.

The records of what people had eaten showed that the food was varied and met people's needs in terms of culture and preference. The lunchtime which we observed was a sociable occasion, with plenty of discussion and prompting from staff. People who required assistance were appropriately helped by staff.

We saw that people were regularly supported to access other health services. People in the home were supported to make use of the services of a variety of mental and physical health professionals including dentists and GPs. One health professional who we spoke with was very complimentary about the care people received. They stated that staff involved them promptly and were confident that staff would carry out their instructions correctly. A member of staff we spoke with said that staff would regularly support people when they went into hospital and advise other care staff about people's care needs and how they liked to be supported.

Is the service caring?

Our findings

Relatives told us that the registered manager and staff were caring. One relative told us, "Staff are great with them. They know what [person's name] likes." and, "They get upset themselves when people are ill." A member of staff told us, "You can't help getting close to people. They become your second family."

We observed staff checked with people before providing physical care and respected their choices. We saw staff checking and asking people what they wanted them to do or where they wanted to be in the home. We saw that there were clear records of how people wanted to be addressed by staff and what they liked to do. We observed staff addressing people by their preferred names and supporting people in line with their wishes. Staff were keen to encourage people to take part in activities they knew people would enjoy and offered reassurance when people became upset.

We saw that members of staff respected people's privacy and took care to ask permission before entering their rooms. One person liked to spend time on their own in their room and we saw staff would check on the person to make sure that they did not feel lonely or neglected.

Records showed that people and their families had been involved in expressing how they wanted to be cared for and supported when they first started to use the service. People were regularly supported by staff who understood their specific communication style to express their views of the service. Relatives told us and records confirmed that they were also regularly approached for their views.

Staff told us they supported people to be independent. They gave us example of how people were encouraged to conduct their own personal care, manage their laundry and help to prepare meals when they wanted. This helped to promote peoples dignity and self-esteem.

Is the service responsive?

Our findings

Staff knew the activities that people enjoyed and we saw that staff supported people to choose what they did each day. Records showed that people had engaged in activities they said they liked. A relative we spoke with said, "Staff know she doesn't like to be in doors. Staff take her out as much as possible." During our visit we saw this person was supported to sit in the garden.

People were encouraged and helped to maintain contact with friends and family members, where possible. Relatives we spoke with and records showed that they had regular contact with people in the home and were encouraged to visit and support people to pursue the things they liked. During our inspection a person's relative visited the home and took them out for a walk and assisted the person to eat lunch. A former member of staff also visited the service to meet and chat with the people who used the service. They told us they had built up a good relationship with the people they had supported and enjoyed coming back for a, "Catch up." The people she spoke with were clearly enjoying her company.

People were encouraged to participate in the wider community. One person regularly attended a day centre and records showed they enjoyed and looked forward to this activity. People were supported to attend social events at the provider's other homes and staff told us that people were often invited to attend social events at a similar home in the same street.

People from the community were involved in the home. For example, a therapist regularly attended the home to provide messages and relaxation activities and volunteers would regularly provide a gardening service to the home. We saw that people had been involved in deciding how the garden was to be managed.

People's care plans were developed as staff got to know people and saw how they behaved in the home. We saw that plans had been updated in response to changes in people's needs and behaviour and on a regular basis. Plans contained instructions for staff about how people needed and preferred to be supported in ways which would enable them to be as independent as possible.

Staff knew and records contained details of people's preferred communication styles. These included translations of foreign words a person preferred to use and how they communicated by changing the tone of their voice. Staff demonstrated they understood these styles and we observed staff respond appropriately when people communicated with them.

Relatives told us that the manager and staff were approachable and they would tell them if they were not happy or had a complaint. They were confident that the manager would make any necessary changes. There were regular meetings with people living in the home and their relatives to provide an opportunity for them to raise issues. The manager had taken action when people had made suggestions such as reviewing activities and menus.

Although the manager had not received any complaints, there were clear policies and procedures for dealing with complaints. The manager said that she encouraged and welcomed feedback from people

about the performance of the home.

Is the service well-led?

Our findings

People told us that they felt that the home was well run. One relative said, "They do a great job here." Another relative told us, "We have no worries. People are well looked after." A health professional said, "It is a good home. I don't have any worries."

Staff were aware of the provider's philosophy and vision to promote people's independence and values. Staff described an open culture where people felt they could raise and safely discuss issues which could impact on people's well-being. Staff told us and we saw that they had regular supervisions and meetings to identify how the service could be developed to improve the care people received. The provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care people received. Other staff could approach key workers for guidance and advice on how to meet people's specific needs.

Members of staff told us that the manager was supportive and led the staff team well. One member of staff told us, "They are very helpful. They will help out any time." Staff told us they had received consistent and effective leadership while the registered manager was away. We saw there was guidance for staff about how to escalate concerns and seek advice from senior staff when necessary. Staff told us they could speak to senior staff promptly when they needed to.

The manager was also a registered manager at another of the provider's locations and understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. We had recently rated the other location the manager was responsible for as, "Good." The manager had the knowledge and experience to provide effective leadership.

The provider had processes for monitoring and improving the service. The registered manager had ensured checks had been conducted as planned. When adverse events occurred the registered manager had identified and implemented actions to prevent a similar incident from reoccurring. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements were needed. There were systems in place to review people's care records and check they contained information necessary to meet people's current needs. Care records sampled had been regularly updated which enabled staff to provide a quality of care which met people's needs.