

People in Action

People in Action - 132 Manor Court Road

Inspection report

132-134 Manor Court Road
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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 6 and 7 February 2018. The visit on 6 February 2018 was unannounced.

132 Manor Court Road 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. The home is split over two floors comprising communal areas and a kitchen. The service is registered to provide care and accommodation for to up to eight people with a learning disability. At the time of our inspection there were eight people living in the home.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe with the staff who supported them, and we saw people were comfortable with staff. Staff received training in how to safeguard people from abuse and understood what action they should take in order to protect people from abuse. Risks to people's safety were identified and minimised to keep people safe.

People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. Staff recorded medicines administration according to the provider's policy and procedure, and checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people. Staff told us they had not been able to work until these checks had been completed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives told us staff were respectful and treated people with dignity. We observed this during interactions between people, and records confirmed how people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People had access to health care professionals when needed and care records showed support provided was in line with what had been recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. People and relatives were involved in how their care and support was delivered.

People and relatives felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, through checks made both by the registered manager and also the provider.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 fully comprehensive inspection took place on 6 and 7 February 2018. The visit on 6 February was unannounced. We told the provider we would return the following day to complete our inspection visit. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information as part of our evidence when conducting our inspection, and found the PIR reflected what we found.

During our visit we spoke with two people who used the service. We spoke with two relatives via the telephone. We also spoke with the registered manager, the deputy manager, two care staff and the provider.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

Everyone we spoke with told us they felt safe being supported at the home. Relatives also told us they were confident people were safe. One relative explained, "Yes, [name] is safe. I am absolutely delighted with how they are looked after. I cannot fault it at all."

Staff received safeguarding training, which made sure they understood the signs that might indicate a person was at risk of abuse. Staff understood their responsibility to report any concerns, and were confident the registered manager would take action to keep people safe. The provider's whistleblowing policy gave staff confidence to challenge poor practice by other staff and to share any concerns with the registered manager.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references for potential new staff members from their previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to be completed before they started working at the home, and records confirmed this.

There were enough staff on hand to support people as needed with day to day support, as well as being able to respond should someone want to go out. Relatives told us they thought there were enough staff 'most of the time', and were aware recruitment was taking place. The registered manager acknowledged the home had experienced some staffing difficulties recently, but were recruiting to fill staff vacancies. They explained they regularly reviewed staffing levels and had recently increased the number of staff on duty at night to ensure the safety of one person and to meet their needs. They told us they were working with commissioners to secure increased funding for this extra staff member, but until this was agreed, staff were covering the extra shift from existing funds. They acknowledged this has been difficult to manage, but necessary to keep the person safe.

Staff confirmed this was the case, and that it had been a challenging time. However, they told us people's needs were met because staff "pulled together really well" and ensured people could still go out. For example, one staff member said, "People are going to the disco tomorrow evening."

Care plans included risk assessments related to people's individual needs and abilities. The care plans explained the equipment, number of staff and the actions staff should take to minimise identified risks. Staff knew about risks to people, and we observed how they followed risk management plans to keep people safe.

Other risks, such as those linked to the premises, or activities that took place at the home were assessed and actions agreed to minimise those risks were in place. Routine safety checks were completed for the

premises, including gas checks and checks on electrical items. The provider ensured equipment was safe for people to use.

There was a plan for emergencies so the provider could continue to support people in the event of a fire or other emergency situation. Staff knew what the arrangements were in the event of a fire and told us about the emergency procedures they would follow. People had Personal Emergency Evacuation Plans (PEEP's) so staff were clear what individual support people required in the event of a fire or other emergency.

People received their medicines when required. Medicines were managed, stored and administered safely, in accordance with best practice guidance. Medicines were audited regularly, and records showed that where, for example, a care worker had given a person their medicines but not signed the Medicines Administration Record (MAR), this was identified quickly and action taken to ensure safe practice was followed.

Incidents and accidents that occurred at the home were recorded and analysed by the registered manager so any trends or need for action in respect of an individual, or the home, could be identified. This ensured systems were in place to make changes and improvements if things went wrong.

Relatives told us they felt the home was 'always clean.' The provider ensured people were protected from infection. At the time of our inspection visit, the home was clean and tidy. Staff used Personal Protective Equipment (PPE), for example when handling foods or supporting people with medicines, and ensured they used fresh PPE for each task undertaken. However, there was no system to audit how effectively cleaning tasks were completed, or how effectively infection was being prevented. The registered manager acknowledged this, and sent us information after the inspection which showed how this was to be recorded and checked in the future.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

Staff told us they had completed an induction when they first started working at the home, and felt well supported. Completion of the induction ensured they understood their role and responsibilities. The induction included training in all areas the provider considered essential and a period of working alongside more experienced staff. The provider's induction was also linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

The provider ensured staff continued to have the training they needed to support them in providing effective care for people. Relatives told us they thought staff were knowledgeable and well trained. Staff spoke very positively about the training they received. One staff member commented, "The training is brilliant really. Some is online and some is face to face." The registered manager kept a record of training staff had undertaken to ensure they had the right skills and knowledge to support people effectively.

Staff were supported by individual [supervision] meetings which took place on a regular basis. Staff explained they found these meetings useful as they were able to discuss any issues relating to people or their own practice to become more effective.

People's needs were comprehensively assessed and documented before they started using the service. Records showed staff collected a range of information about people so they could meet their needs from the start.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff and the registered manager all understood their responsibilities under the Act, and people's care records included information about the support they needed with decision-making. Where people had been assessed as lacking capacity to make particular decisions, care records showed 'best interests' meetings involving all those involved in the person's care were held to ensure their rights were protected. Where people lacked the capacity to make an informed decision, the registered manager had applied to the supervisory body for the authority to restrict their choices and freedom in their best interests to keep them safe.

Staff understood the importance of seeking consent, and we observed how they ensured people were supported to make their own choices and were comfortable with the support provided to them.

The home environment had been adapted to ensure it met people's needs. For example, equipment was in place to help people move around the home, and also to help people access bathing facilities.

Relatives told us staff supported people to arrange and attend medical and other appointments as required, and kept them informed if appropriate. One relative commented, "Staff always let us know how [name] has been, they keep us up to date with everything." Care records showed the home worked closely with people and the medical professionals overseeing their care. Records included information from health professionals, and this had been used to develop and monitor people's care plans. Records also showed the provider responded to changes in people's health and contacted external health professionals where required. For example when someone was experiencing increased mental health difficulties.

Where people were at risk of dehydration or malnutrition, staff ensured they were supported according to plans drawn up by healthcare professionals. Plans were also in place and were followed where people had specific dietary requirements such as having the consistency of their foods 'fork mashed' to reduce the risk of choking. People told us they enjoyed the food and that they could choose what they wanted to eat.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. Staff felt the provider helped them to support people in a caring way. The rating continues to be Good.

People told us staff were caring. We asked one person about the staff who supported them. One person said, "Yes, they [staff] are kind to me." Relatives also told us staff were kind and caring, and that when they visited they were welcomed. One relative said, "Staff are very welcoming. We have a cup of tea and a chat. They are lovely staff, very friendly."

We observed interactions between people and staff throughout our inspection visit. People were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. Staff communicated well with people, and people responded positively to staff.

Staff and the registered manager understood the importance of promoting equality and human rights as part of a caring approach. They explained the provider had policies and procedures in place to ensure people were treated fairly and equitably, and that staff received equality and diversity training as a matter of course. Records confirmed this training took place and was up to date.

Staff told us there was a shared philosophy of what it was to be caring, which focussed on being respectful, supportive and helping people to build their independence. One staff member said, "It is not just a job here. People aren't numbers; [registered manager] is interested in the people, even if they are busy. And [registered manager] wants us to be like that too." Another staff member told us, "When I go home I know I have helped people who needed it. I treat people how I would want my family to be treated. Just to get people smiling is rewarding."

We saw staff respected people's privacy, and ensured, for example, that where people needed support with personal care tasks, this was provided in their bedrooms or the bathroom.

People's care records included information explaining how, and in what circumstances information about them would be shared. This helped ensure people understood how the provider protected their privacy and kept their personal information confidential. To help ensure people's privacy and dignity was maintained, people's care plans were kept securely and were only available to those who needed to access them.

People were supported to be as independent as possible. Staff told us they were supported to take creative approaches to promoting people's independence. One staff member commented, "Just because things have always been done a certain way, does not mean it has to continue that way. Let's try something new; [registered manager] is a big supporter of that. People have to reach their full potential."

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and kresponsive as their needs changed. The home continued to operate an open, honest culture, and people had the opportunity to maintain their hobbies and interests. The rating continues to be Good.

We observed the care and support people received was centred on their needs and staff responded in a timely way when people needed support. Relatives told us the home involved them in putting together and reviewing people's care plans. Staff told us the registered manager encouraged them to work creatively to improve outcomes for people. One staff member commented, "If you are good at something, [registered manager] promotes it as it helps people. You see people's faces light up. It is lovely to see that."

Relatives were confident people's needs were responded to quickly and effectively. One relative said, "I think staff have accommodated changes in need very well. For example, they have ensured [name] got an upgraded wheelchair and have got other equipment in." We observed how staff responded to people's requests for assistance quickly. For example, one person wanted to listen to some music, so a staff member supported them to set up an MP3 (music) player and headphones.

People's care records, risk assessments and staff knowledge about people's care needs was consistent. Care plans contained personalised information to help staff respond to people's needs as effectively as possible. The provider also completed a 'one page profile' document which was kept at the front of people's care plans. This enabled essential information about people's care and support needs to be shared quickly, with health professionals for example.

Care records were reviewed regularly, and included information on the outcomes or goals people wanted to achieve with support from staff. However, progress made in relation to these outcomes was not always clearly recorded. The registered manager had identified this, and had decided such progress should be recorded in people's daily records. From 1 February 2018, they had modified daily record sheets so personalised outcomes were listed on each entry. Staff recorded on the sheet what people had done that day towards achieving their goals.

People's care records included information to ensure people's equality needs were met. For example, care plans included a section on 'sex and sexuality' which recorded people's preferences.

People's care records did not include information about their preferences at the end of their lives. We raised this with the deputy manager, who told us people's wishes were addressed as they reached the end of their lives. However, they agreed planning for the future for those who were not currently at the end of their lives was important, and was something the home would start to do if people and, where appropriate their representatives, agreed.

People were supported by staff to be involved in their local communities and to sustain any work, education, hobbies or interests they wanted to. One person spoke positively about an upcoming trip staff

had helped them to plan saying, "I'm going to London soon." We observed people coming and going with support from staff on both days we visited the home. Care records included information about where people had been, and what activities they had been involved in.

People told us they had no cause to complain but knew how to do so. The complaints policy and procedure was available for people in their care records, and included information on how to complain to the provider, as well as how to raise a complaint or concern externally if they wanted to. This information was presented in ways that made it easier for people to understand, using pictures and symbols for example. The home had not received any complaints in the past 12 months.

The registered manager was familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. They showed us the work one person's keyworker had done to help staff communicate with the person, and interpret how the person communicated back. The registered manager told us they thought more work could be done in this area and assured us they would do so.

Is the service well-led?

Our findings

At this inspection, we found the staff were well-led and the home was managed effectively. The rating continues to be Good.

The home had a registered manager. 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 is run.

Relatives told us the registered manager was effective in their role, and that the home was well managed. One relative commented, "[Registered manager] is just so brilliant. Very caring, and brilliant at their job. Just fantastic."

We observed people responded well to the registered manager, and were happy to speak and interact with them. The registered manager had a detailed knowledge of people living in the home, and spoke confidently about their needs and how they were supported. One person told us, "I love [registered manager]."

Staff were overwhelmingly positive about the registered manager, and told us they enjoyed working at the home. One staff member said, "[Registered manager] is the best manager I have ever worked for. They are the best. You can talk to them and they listen and takes things on." Another staff member told us, "[Registered manager] is the first one to roll their sleeves up and get in there if something needs doing. There is always open and honest communication."

The registered manager monitored and audited the quality and safety of the service provided through a range of checks. In addition to the checks made by the registered manager, records showed the provider visited the home regularly to ensure the quality of the service was maintained.

The provider had systems to get feedback on the quality of the service provided. However, records we reviewed at the home were based upon feedback for the year 2015 to 2016. We spoke to the provider about this, who sent us information on the feedback that had been sent to the registered manager for the period 2016 to 2017. Feedback was overwhelmingly positive, but the provider told us they were meeting with the registered manager to go through the feedback and analysis and develop an action plan in response.

Staff told us they attended staff meetings on a regular basis. Records showed the meetings happened regularly, and that staff were advised of developments in policies and procedures. They also showed staff had the opportunity to discuss people's care and support needs, which ensured staff were involved in the home's decision making process.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. The provider had ensured the rating from our previous inspection was displayed on the premises, and also on the

provider's website.