

M & A Care Limited Manor Park







Inspection report

55 Manor Park, Lewisham,
London, SE13 5RA.

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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	

Overall summary

This unannounced inspection of Manor Park took place on 18 December 2014. The previous inspection of the service took place on 11 September 2013 when it was found to have met all the regulations checked at that time.

The service provides care and accommodation to up to nine people, eight people were using it at the time of our inspection. The service does not currently have a registered manager although it is required by law to have one. 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.

We were notified by the provider in September 2012 that the registered manager of Manor Park had left and he would manage the service together with an experienced care home manager, who is not registered with us, until such time as a registered manager was appointed. The

Summary of findings

service was being managed this way at the time of this inspection. We are keeping the situation under review to ensure the service has a registered manager as soon as possible.

Manor Park provides care and accommodation to up to nine older people some of whom have dementia. It is located in a large house. People have their own bedrooms and share bathrooms and living areas. At the time of the inspection eight people were using the service.

People told us they were happy to be living at Manor Park and said staff were kind and caring. There were enough staff on duty to meet people's needs. Relatives also had a positive view of the service and said the service involved them in planning people's support. People and staff said the manager of the service was easily available and ensured the service operated effectively.

Fresh and nutritious home cooked food was prepared and people could choose what they wanted to eat. People's needs were thoroughly assessed and plans were put in place to keep them safe and ensure they received the support they needed. Care records were up to date and accurate, so that staff could ensure that people received appropriate support. People were encouraged to be as independent as possible. Staff and relatives told us they enjoyed a range of social activities at the service and said the home had a friendly and welcoming atmosphere with cheerful staff.

Staff received training and support which enabled them to plan and deliver people's support safely and competently. The provider had made regular checks on the quality of the service.

Summary of findings

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. Staff knew how to identify and act on any concerns about abuse or neglect. Risks to people were assessed and staff put into practice plans to protect people from harm.

People received their medicines safely as prescribed. There were enough staff on duty to meet people's needs.

Good



Is the service effective?

The service was effective. Staff received training and support which enabled them to meet people's needs. People had support to make choices about how they were supported.

The service enabled people to be as healthy and independent as possible.

People had a choice of healthy food and home-made meals.

Good



Is the service caring?

The service was caring. People and relatives told us staff were kind and caring and Manor Park had a friendly atmosphere. Staff knew people and understood how to communicate with them about their choices and references.

People were treated with dignity and their views were respected.

Good



Is the service responsive?

The service was responsive. People's individual needs and preferences were assessed. Staff planned and delivered people's support with the involvement of relatives.

People and relatives enjoyed social activities arranged by the service. They were asked for their views of Manor Park and told us staff responded to any concerns they had.

Good



Is the service well-led?

The service has not had a registered manager for some time as required by law. We will be taking action to ensure the service has a registered manager as soon as possible.

People and staff told us the manager who currently runs the service is approachable and effective. The provider carried out checks on the way the service operated and the quality of record keeping. Improvements were made when necessary.

Requires Improvement



Manor Park

Detailed findings

Background to this inspection

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection was carried out by one inspector and took place 18 December 2014. We reviewed the information we held about the service and used this to plan the inspection. During the inspection we spoke to two people who use the service, and two relatives who were visiting the service. We

made general observations of the care and support people received whilst they were in the lounge. We used the Short Observational Framework for Inspection (SOFI) to observe how people were supported during the evening meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed three people's care records, three people's medicines records and two staff files. We looked at information on staff training and the operation and management of the service. This included information on how the provider assessed the quality of the service and feedback that the service had received about people's views of the service. We spoke to two staff and the manager of the home.

Is the service safe?

Our findings

The service was safe. People told us they felt comfortable at the service. A person said, “I have nothing to worry about at all here.” A person’s relative told us, “I am here a lot and see how people are treated by the staff and I cannot fault the place.”

We spoke with two staff who were able to explain to us how they would recognise any abuse or neglect and report it to ensure action was taken to protect people. They understood how to ‘whistle blow’ to an external organisation if this was necessary to keep people safe. Staff files had details of the training that staff had received in this area which demonstrated the provider ensured staff updated their training appropriately. Some people received support to manage their money from staff. Staff told us they understood the provider’s financial procedures and always followed these. We saw that the manager made regular checks of people’s cash balances and financial records to minimise the risk of people experiencing financial abuse.

People’s care records included information on risks to their health and safety and the steps the provider had taken to minimise these. For example, a person’s records included information about how they moved around within the home and outside, and the equipment they used to help them with this. During the inspection we saw that staff supported the person to use their mobility aid in line with their risk management plan. Care records included regular reviews of people’s risk assessments to ensure they were still effective.

People told us they received their medicines safely as prescribed. A member of staff explained to us that they assessed what assistance people needed with their medicines when they moved in to the service. We saw medicines were stored securely in a locked cupboard. People’s medicines administration record (MAR) charts for the day of the inspection and the previous ten days had been appropriately completed by staff. It was clear people had received all the medicines prescribed to them at the appropriate times. When people had been prescribed an ointment or a lotion it was clear from their records that they had been supported by staff to receive it correctly. For example, it was clear a person received a lotion after their bath, as prescribed.

People and relatives told us there were always enough staff to meet people’s needs. During the inspection we observed that staff were able to meet people’s needs and respond to their requests for support without delay. Staff told us that there were no difficulties in terms of the provider arranging cover from within the staff team for both planned and unplanned staff absence.

The provider had ensured people were safe by using robust staff recruitment procedures. For example, they had kept a record which included a copy of the staff member’s job application form and notes on their performance at interview which demonstrated they had the appropriate knowledge and skills to support older people. The provider had made checks to ensure the job applicant did not have a criminal record and references had been taken up from their previous employer to confirm their suitability. A new member of staff told us they did not start to work at the service until these checks had been completed.

Is the service effective?

Our findings

People told us they received care from staff who were well trained and understood their needs. A relative told us, “All the staff are very capable”. We spoke with a new member of staff. They told us they had spent time observing more experienced staff deliver people’s support when they first started working at the service. They said this had enabled them to learn how to support people in the way they wished. The member of staff told us they were currently going through a process of induction and had regular meetings with the manager to go through the service’s operational procedures to make sure they understood them.

This member of staff’s file included reports from the manager on their progress in terms of their understanding of the service’s procedures and development of their competence to meet people’s needs. The member of staff said they were not expected to undertake care and support tasks until they had received appropriate training. For example, they said they did not currently support people with their medicines, as they had not yet received training about this and their competence to do so had not yet been assessed. Their staff file included a plan for them to attend a management of medicines course. Staff files evidenced that staff had received regular supervision and reviews of their training needs. Notes showed that relevant topics such as infection control and confidentiality were discussed. Staff told us the manager was always available to give them advice.

People told us that staff asked them for their consent before they supported them. We observed staff asking people what they wanted in terms of their support. For example, a person was asked, “Would you like any help with that?” by a staff member in relation to moving a cup of tea. The person said “no” and safely completed the task without any support. The manager and the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005. They told us they always presumed that people were able to make decisions about their day to day care. They said some of the people in the service had been diagnosed as having dementia and they took extra care when communicating with them to involve them in making decisions. For example, a member of staff

said, “I sometimes show a person different items of clothing so they can choose what to wear, sometimes they can explain better what they want by pointing rather than talking.”

Care records showed that a person’s family and professionals who knew them well were appropriately involved in making decisions in their ‘best interests’. This had only occurred when the person had been assessed as unable to make the decision themselves. Records showed staff and the manager had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They were able to explain to us what steps they would follow to ensure people in the service were not subject to an illegal deprivation of their liberty.

During the inspection the atmosphere of the home was calm. The manager said that very occasionally some people became distressed and behaved in a way that challenged the service. Care records showed that in these circumstances the service had appropriately dealt with situations in such a way that people’s rights were upheld and risks were managed well. The service had made referrals to a specialist team for advice and support on how to understand and positively manage people’s behaviour. Records showed that the service had put into practice the advice they had been given by professionals about how to support a person in a way that reduced their level of distress.

People told us they very much enjoyed the food which was available at the service. Relatives told us the chef prepared fresh food daily and people received meals which met their individual preferences. People said they could have what they liked for breakfast and have it in the dining room or their own room as they preferred. They said the main meal was at lunch time and they had a choice of tea, coffee and other drinks throughout the day. We saw that the chef kept detailed records in relation to each person’s likes and dislikes, and their dietary requirements. Staff told us the chef involved people in planning the menus and made a careful check of what people had eaten and if they did not eat something asked them why they hadn’t liked it and offered them an alternative. We saw pictures of different food items which the chef used when clarifying people’s meal choices.

We used the Short Observational Framework for Inspection (SOFI) to observe how people were supported during the evening meal. We observed that staff politely offered

Is the service effective?

people a choice of sandwich, which was made freshly for them, followed by home-made soup, then a choice of deserts and fruit. People were offered napkins and referred to by their names. People received the food they requested and the assistance they needed. For example, some people were given help to open their napkins. We observed that people enjoyed their food and were supported by staff to eat if this was required. Care records showed that people's weight was monitored. Staff we spoke with understood that the GP and dietician could be contacted for advice in relation to people's nutritional needs should this become necessary.

People and their relatives told us people received appropriate care and support in relation to keeping

healthy. The service monitored people's health and took action where necessary. A person's relative said, "[My relative] is prone to chest infections, the staff have been quick to notice when they are starting to become unwell and involve the doctor as soon as possible". Staff we spoke with were knowledgeable about people's individual health needs and the type of support they required. For example, one person had some difficulties with their feet. Their care records showed the service had ensured the person was referred to a podiatrist and received treatment. The service had recently sent out questionnaires to people about the quality of the service. In response, a nurse had stated, "there is an excellent standard of care and staff have excellent skills."

Is the service caring?

Our findings

People were treated with kindness by staff. During the inspection we observed that people were listened to by staff. For example, we heard a person ask a staff member, "When you go upstairs will you bring me down my bag?" The staff member quickly responded to this request. Staff we spoke with had a very good understanding of people's needs and backgrounds. A person's care records included this comment from a psychiatrist, "I was very impressed by the way [staff member] devoted a good length of time to the assessment and also by the fact that they knew [person's name] so well and had a good understanding of their needs."

People and relatives told us they liked the staff. People had recently given written feedback on the service. Comments included, "very friendly staff", "staff are first class, could not ask for more" and "good atmosphere, approachable and very pleasant staff". On the day of the inspection a person had celebrated their birthday with family members and other people in the service. A person told us they had enjoyed this. Staff said that on each person's birthday and a special meal was arranged.

People and their relatives told us they were involved in planning their care and support. A relative said, "We and [my relative] are asked about what they want and what they like and do not like, communication is always very good. As relatives, the staff tell us what is going on." During the inspection we observed that people were able to make choices about how they were supported. For example, people were asked what type of drink they would like and were able to choose which biscuit they wanted. Staff told

us how they ensured they communicated well with people. For example, they were able to explain how they ensured people with hearing difficulties heard and understood them. Staff said they checked people wore their hearing aids and could see them talking so people were more likely to hear them and lip-read and be able to communicate with them about their wishes.

We observed that staff were patient when giving information to people and explaining their support. For example, we heard a staff member talking with a person about their doctor's appointment. They said, "[Person's name] look we are writing it down in this book so we won't forget about it." The person said they felt ok about their appointment and appeared to be reassured about it.

People in the service were encouraged to be as independent as possible. For example, a person told us they often went out of the service on trips with a friend. People told us they had the privacy they needed. A person said they could go to their room for a rest when they wanted to. Staff we spoke with told us how they respected people's personal space and knocked before they entered people's rooms. A member of staff said, "[Person's name] needs a lot of support with personal care but we always make sure we fetch their clean flannel so they can wash their own hands and face."

Relatives told us they were always made to feel welcome by the staff and could easily speak to people in private if they wished. We observed that staff gave people the support they needed discreetly and in a way that promoted their dignity. For example, they quietly asked people if they wanted any help with going to the toilet in such a way that other people could not overhear.

Is the service responsive?

Our findings

People and their relatives told us they were fully involved in planning people's care and support to meet their individual needs. They said staff from the service had met with them to obtain information in order to complete an assessment of the person's needs. Care records showed these assessments included information about people's background, health and preferences. Specific information was obtained about people's individual needs which enabled the service to plan and deliver people's support in order for them to be as independent as possible. For example, a person's care plan stated, "[Person's name] needs prompting to remind them to wear their glasses." The person was wearing their glasses on the day of the inspection. We observed that this meant they could easily see other people and objects well and were able to join in with social activities and walk around the service safely.

People received care and support that was appropriate to their current level of need. Care records showed that people's needs were regularly reassessed and when required care plans were updated. Relatives told us they were involved in reviews of people's care.

People were supported to follow their interests and take part in activities of their choice which were important to them. For example, care plans had information about any support people wanted in relation to practising their

religion. Records confirmed people had received appropriate support in accordance with their wishes. For example, some people received regular visits from religious leaders. The service supported people to maintain contact with relatives and friends. Relatives told us they enjoyed visiting the service and were always made to feel welcome and they were regularly invited to events such as parties and barbecues.

Staff supported people to socialise with each other and participate in suitable activities. People told us that on the morning of the day we inspected the service they had taken part in an exercise class which they enjoyed. During the afternoon most people took part in a quiz with the staff. We observed that people were engaged in this activity and laughed and joked with the staff.

The service regularly obtained people's views of the service. We saw questionnaires which people had completed in December 2014 about the service. People's feedback showed the service listened to them and responded to their concerns. For example a relative had stated, "If something arises I talk to staff and it's sorted."

Information about how to make a complaint was available at the entrance to the service. The service thoroughly investigated complaints. We saw that the manager had made a detailed written response to a relative who had made a complaint.

Is the service well-led?

Our findings

Manor Park does not currently have a registered manager although it is required by law to have one. We were notified by the provider in September 2012 that the registered manager had left and he would manage the service together with an experienced care home manager until a new registered manager was appointed. The service was being managed this way at the time of the inspection. We are keeping the situation under review to ensure the service has a registered manager as soon as possible.

On the day of the inspection the manager was on site. People and staff told us that she was usually at the service and was readily available to them. People and relatives told us they thought the service was well run. We saw written feedback on the operation of the service which included comments such as, “overall everything seems to be running smoothly” and “[my relative] has settled in well, staff are first class”.

Staff told us the team was small and knew each other well. They said they felt able to raise any concerns they had about the service at team meetings organised by the manager. Notes of these meetings showed staff were involved in discussions about the operation of the service and how people should be supported. The provider had printed a leaflet about the service’s visions and values which was available in the entrance to the service and easily accessible to people, relatives and staff. This explained how the service aimed to involve people in their care and support and treat people with respect.

A member of staff told us they were asked to read through this leaflet when they started work and had discussed its contents during a one to one meeting with the manager.

The member of staff told us the manager and more experienced members of staff were good role models in terms of the way they spoke to people and staff. They said, “This is a friendly place to work. I was made to feel very welcome by the manager and other staff when I started. It helps to make us cheerful which means the atmosphere of the home is good for the people who live here.”

The manager explained to us how she kept her knowledge kept up to date in relation to developing the service. As well as reading relevant information she also attended local meetings with commissioners and providers. Staff told us that key information was passed on to them at team meetings. During the inspection we saw evidence of how the service had used this knowledge of local developments to ensure people received the best possible support. For example, the service had referred two people to a new specialist local team of health professionals in order to obtain advice on how to meet their complex needs.

We saw records which confirmed the provider had ensured they had information about the quality of the service and any necessary improvements were made. For example, regular checks were made of medicines administration record charts and stocks of medicines to ensure staff were following the correct procedures. The building was checked to ensure that it was clean and well- maintained. Resources were made available when required, for example a kitchen work surface had recently been replaced. The provider made regular visits to the service and had reviewed the quality of care records to make sure they were accurate and up to date. For example, they had checked that the outcome of visits by health professionals was fully recorded to ensure staff had clear information about how to support people in order to improve their health.