

Renal Health Limited

# Manor Park Care Home

## Inspection report

166-168  
Park Avenue  
Whitley Bay  
NE26 1AU

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30 November 2018  
05 December 2018

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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 30 November 2018 and 5 December 2018 and was unannounced. This meant the staff did not know we would be visiting.

Manor Park is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to support 14 adults who have mental health related needs and/or a learning disability. At the time of our inspection there were eight people living at Manor Park.

This care service was making good progress towards developing the service to be 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 life as any citizen.

In January 2018, the provider re-registered under a new name, Renal Health Limited. However, the owners have remained the same. Under their previous name, Turnberry Services Limited, the service was rated good and at this inspection the service maintained their good rating.

The service had two registered managers. 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. One registered manager was present during our inspection.

The management team had a long employment history of working with people with mental health related conditions and/or a learning disability. They were well established in their roles having known some of the people who used the service for some time. There had recently been some changes to the staff team and structure which people, a relative and staff told us had been positive. Staff told us they enjoyed working at Manor Park and felt valued by their managers.

People felt safe living at Manor Park with the support from the staff. Accidents and incidents, including safeguarding matters were recorded, investigated and reported in a timely manner to the local authority or CQC as necessary. A registered manager analysed and monitored these to review people's care needs, risk assessments and to update risk management plans.

Risks associated with the health, safety and well-being of people were well managed. Individual care needs had been assessed for risks related to daily living. We saw these were regularly reviewed. The provider ensured regular checks of the property, equipment and utilities were carried out in line with their legal responsibilities as the landlord.

Medicines were managed safely and in line with best practice guidance. Medicine administration records were orderly, detailed and up to date. Medicines were stored in a safe and secure place. Staff followed a medicine policy and procedures regarding the safe receipt, storage, administration, recording and disposal of medicines.

There were enough staff employed to meet people's needs; people and a relative confirmed this. Staff were recruited safely and recruitment processes were strong. Staff training was up to date, and the team had a mix of skills, knowledge and experience. Staff had opportunities to enhance their skills and knowledge and all were qualified in health and social care.

The registered managers supported staff through supervision and appraisals which were held regularly and recorded. Competency checks were carried out to ensure staff remained competent in their role.

Staff and 'resident' meetings took place and we reviewed the minutes of previous meetings. We saw people and staff had an opportunity to raise any issues with the management team.

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's nutritional needs were met. People enjoyed plentiful meals which were prepared by the staff. We observed everyone enjoyed their meals. Most people chose a meal from the planned menu and we also saw people chose different food or snacks when they preferred. External healthcare professionals were involved with people's care to meet their changing needs and to promote good health and well-being.

Staff knew people well and we observed they treated people with respect and ensured their privacy and dignity were maintained. People and a relative told us staff were kind and caring.

People's needs were assessed and reviewed with the involvement of the person, any relatives and external professionals. Care plans were person-centred and they detailed the care and support people currently needed. People or those acting legally on their behalf had consented to the care and support received.

Staff supported people to engage and maintain a social life with their family and friends. Relatives and friends were made to feel welcome at Manor Park. Most people were independent and accessed the community themselves or with support from staff. Those people who liked to join in with communal activities participated in events held at a sister home located nearby.

The registered managers had responded to the low number of complaints received. Complaints were investigated and managed in a timely manner with a positive outcome. People said they had nothing major to complain about but felt comfortable to tell the staff or a manager if something was wrong.

The quality and safety of the service was regularly checked and monitored. Staff conducted daily and weekly checks which were overseen by the registered managers. The registered managers carried out further audits which they analysed to look for trends or patterns which may suggest there are areas of the service which need to be improved.

People, relatives and staff were asked for feedback. Surveys had been issued to gather their feedback and opinions about the service. The registered managers collated the responses and evaluated them to gather an overall opinion. An action plan was drafted to address the issues raised.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were trained to recognise risks and they strived to reduce the possibility of people coming to harm.

Staffing levels were appropriate and staff were safely recruited.

The premises were well maintained and clean. All staff adhered to infection control guidelines.

### Is the service effective?

Good ●

The service was effective.

People told us the service met their needs.

Staff were well trained and supported in their role.

People's nutritional needs were met and there was plenty of access to external professionals.

### Is the service caring?

Good ●

The service was caring.

People told us the staff were kind, caring and respectful.

Staff knew people very well and delivered a service which met with their wishes and choices.

People were supported to be independent.

### Is the service responsive?

Good ●

The service was responsive.

There was a person-centred culture embedded into the service.

Staff promoted social inclusion and involved people in social occasions and activities.

The low number of complaints had been dealt with promptly.

### Is the service well-led?

Good ●

The service was well-led.

People and staff spoke highly of the management team.

Audits and checks on the safety and quality of the service were carried out and analysed.

The management team actively sought feedback about the service in order to make improvements.

# Manor Park Care Home

## 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 30 November 2018 and 5 December 2018 and was unannounced. An adult social care inspector and an expert-by-experience conducted the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all of the information we held about Manor Park, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally required to inform us of.

We contacted North Tyneside's local authority contracts monitoring team, adult safeguarding team, care management teams and the local fire service to obtain their feedback about the service. We also asked the provider to complete a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. All this information informed our planning of the inspection.

During the inspection we spoke with four people who lived at Manor Park and one relative. In addition, we spoke with two members of care staff, one registered manager and the operations director. We reviewed two people's care records in depth and reviewed others. We also looked at the information kept regarding the management of the service. This included looking at three staff files and records related to the quality and safety of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Manor Park with support from the staff. One person said, "I do feel safe. I don't really need to be here any longer and they are going to help me move on." A relative told us they felt their family member was safe living at the home.

Staff were trained to safeguard vulnerable adults which helped them to protect people from the risks of harm or abuse. Staff were aware of their responsibilities to safeguard people and told us they were familiar with safeguarding and whistle blowing procedures. The registered managers recorded, reported and monitored safeguarding matters to reduce risk and avoid the potential of harm.

Staff risk assessed people's daily living needs and ensured preventative measures were in place. The assessments helped to minimise risks whilst promoting positive risk taking and independence. The registered managers kept a record of any accidents and incidents which they used to monitor and review people's care needs, develop risk management plans and reduce the likelihood of a repeat occurrence.

Staffing levels were appropriate for the service. Most people were independent with personal care. Staff mainly supported people with medicines, meals and social interaction. One person told us, "There are enough staff to keep us safe."

Staff recruitment was safe and we saw that recent developments to the documentation had made the process more robust. The registered managers actively recruited suitable staff with a mix of skills, knowledge and experience to safely meet people's needs. We saw pre-employment vetting checks included references from previous employers, interview records and enhanced Disclosure and Barring Service (DBS) checks. DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are employed.

Medicines were managed safely and in line with best practice. A spare room had been utilised and turned into a medicine storage room which made storing medicines more safe and secure. Staff followed procedures to ensure the safe ordering, storage, administration, recording and disposal of medicines. Medicine administration records were well maintained and up to date. Staff carried out daily and weekly checks of medicines and the registered manager had oversight of these as well as conducting their own monthly audit to ensure people received their medicines as prescribed.

Most staff were trained in the safe handling of medicines and the other staff were booked onto a training course. Only qualified staff administered medicines. We saw that regular competency checks were carried out by senior staff to ensure the qualified staff remained competent with this task.

The premises were clean, tidy and maintained to a good standard. A programme of decoration and repairs was in progress and we saw good progression had been made. The registered managers ensured that appropriate servicing and checks were made on the utilities and equipment as required by law. The service has been recently inspected by the fire service and no major issues had been raised. Personal emergency

evacuation plans were in place to ensure people were safely supported to leave the premises in an emergency.

A designated domestic assistant ensured the service remained clean and comfortable for people. All staff followed best practice guidelines in relation to the control and prevention of infection. An infection control audit was carried out monthly which covered, domestic cleaning, the treatment room, bathrooms, hand hygiene and personal protective equipment (PPE).



# Is the service effective?

## Our findings

People told us the staff looked after them properly and they felt the service met their needs. A relative agreed.

People were supported by experienced and trained staff who had up to date knowledge of current guidance and best practice. All staff had completed a company induction and were qualified in health and social care. Staff were experienced and continued to be supported in their role with additional training which met people's needs. Staff had undertaken short awareness courses about alcohol abuse, epilepsy, diabetes and challenging behaviour for example. The registered managers ensured staff were regularly refreshed in key topics such as health and safety, food hygiene, infection control and first aid. The provider had given staff access to a new online training resource which enabled them to develop their skills in a wide range of care related topics. One member of staff said, "I have worked in other settings and this has been the best place for training."

The registered managers observed staff perform their duties daily. A registered manager told us they had no concerns about the ability of the staff team. Competency checks were carried out to corroborate this in areas such as safeguarding adults, medicine administration, fire safety and infection control.

The registered managers formally supported staff to carry out their role. 'Job chats' were held with staff on a regular basis and these were the foundation of formal supervision sessions. Staff completed a self-assessment and this was then discussed with a registered manager at a one to one meeting. Annual appraisals took place to review individual objectives, staff performance, training and development needs and any action plans.

People's nutritional needs were met. Staff prepared meals for people from a planned menu which had been agreed between people and staff. There was a variety of other options available and people could help themselves to drinks and snacks. We saw people enjoying their meals in the communal dining area with others. There was good social interaction between people and staff which made meals times a pleasant and enjoyable experience. One person said, "The food is great and there is a lot of choice." Another person said, "I really enjoy the food."

Two people with special dietary needs told us that sometimes they felt as though their options were restricted. One person really wanted to cook their own meals but due to a recent accident in the kitchen, it has been risk assessed and decided that this was no longer safe. This person told us that cooking their own meals was really important to them. We fed this back to a registered manager who told us they would revisit the risk assessment and speak to staff about supervised cooking sessions.

The service involved external health and social care professionals to manage and maintain people's general health and well-being. Records showed staff liaised with GP's, nurses, social workers and specialists. Information was communicated to all staff to ensure they were up to date with any changes in people's needs via a handover meeting or the daily diary. Instructions, advice or guidance was recorded in people's

support plans. One person said, "I can make my own appointments but if I wasn't able to the staff would help me." Another person said, "I don't want to go to the dentist but staff did remind me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Three DoLS applications had been submitted to the local authority in line with the principles of the MCA for people whose freedom was being restricted for their own safety. These applications had been granted and the Care Quality Commission had been notified. The front door was kept locked for the safety of three people, however other people didn't mind this as they said it made them feel secure. One person said, "Some residents have DoLS, they are looked after properly. The rest of us know that we can't just let them out." Staff told us it was never a problem to open the front door whenever people wanted to go out. Where appropriate, people held their own key for their bedroom if they wanted to.

The registered manager and staff had a good understanding of the MCA and their responsibilities. Mental capacity assessments had taken place with people and were regularly reviewed. Records showed that wherever possible people had been encouraged to make decisions. More complex decisions which were made in people's best interests had been appropriately taken with the involvement of other professionals and relatives.

The premises were adapted to meet people's needs. A refurbishment plan and programme of decoration was in progress. We saw a fitted modern bathroom with accessible facilities had been recently finished. We were invited into one bedroom which we saw was clean, comfortable and homely. The room was nicely decorated and contained the person's own belongings. Communal areas were warm and cosy.

## Is the service caring?

### Our findings

People told us they were happy with the care they received. A relative said, "(Care worker) and (care worker) are brilliant, I really rate them." They added, "(Care worker) is lovely with people, she does their nails and watches TV with them." Staff displayed kind and caring attitudes and they valued people's opinions. People told us staff protected their privacy and dignity. A relative confirmed this and told us, "They (staff) all speak nicely to people, they are respectful."

People were relaxed and content during our inspection. It was obvious from the chatter and laughter throughout the day that people enjoyed a friendly relationship with the staff. We saw lots of nice and caring interactions between people and staff. One member of staff said, "They (people who used the service) tell me that they miss me on my days off."

Staff were motivated to deliver a high quality, caring service. They showed a good knowledge of people's likes, dislikes, preferences and routines. Staff knew information about people such as their life history and family background. Staff had invested their time in getting to know people properly. One member of staff said, "When I started working here I was given the paperwork about each resident so I could work well with them." The staff clearly knew people's behaviours well and were good at de-escalating potential challenging situations whilst sustaining a positive relationship within professional boundaries. A relative told us, "They (staff) know my (family member) well, they serve her food first because they know she doesn't like waiting."

Staff promoted people's independence, encouraged them to do tasks for themselves and to take positive risks such as accessing the community by public transport. One person told us, "I go out to see my family, I often take my friend who lives here too."

There were people using the service who had a diverse range of needs and in particular, in respect of protected characteristics under the Equality Act 2010. Staff were accommodating of diverse needs such as religion and cultural needs and they demonstrated a respectfulness of people's individual wishes. Positive support plans were in place which reflected people's individuality and identity. Staff had undertaken equality and diversity training which helped to raise awareness and ensure people's personal preferences, wishes and choices were upheld.

Staff promoted the use of advocacy services. Three people used a formal advocate to help them make informed decisions. Other people had family members or social workers who supported them. Staff also informally advocated on behalf of people to ensure people's voices were heard and that they got any additional help or support they needed from other services.

People's personal information and sensitive data was stored securely to uphold confidentiality and protect their privacy. We saw that records containing people's and staff's private details were kept locked away and staff computers were password protected. Staff demonstrated that they were aware of the legal requirements to keep information safe and secure under data protection laws including the new General Data Protection Regulations (GDPR).

## Is the service responsive?

### Our findings

The service was person-centred. People told us that staff delivered their support the way they preferred it. Support plans were specific to each individual and they contained information from each person, relatives (if appropriate) and external professionals which showed that everyone involved in a person's care had contributed to the assessment, planning and review of their support.

Support plans included sections entitled, 'All about me', 'what's important', 'how I communicate', 'how I like to spend my day', 'my lifestyle choices', 'what I worry about', 'what makes me happy', 'people who know me best', 'people who are important to me', 'what makes me feel better', 'what makes me anxious or upset', 'key support needs' and, 'my life story'. Staff had taken into consideration, people's likes, dislikes, preferences, abilities and routines when assessing needs and developing support plans. All the sections had been completed to a good standard with personalised details. We saw that 'easy to read' information had been developed to help people fully understand their own plans.

Staff had sustained positive relationships with external professionals and proactively engaged with them which helped staff respond quickly to people's changing needs. Staff kept up-to-date with best practice guidance to ensure they could help people manage their health conditions in the best possible way.

All staff were very familiar with each person's needs although a keyworker was designated to each individual. A keyworker had responsibility for ensuring assessments and support plans were kept up to date and that regular reviews took place with the involvement of the person as necessary. A member of staff told us, "We go through care plans monthly and that is a really good way of making sure we all know what is happening."

The provider promoted inclusion to reduce social isolation. Most people made their own arrangements for the activities they wished to take part in or the hobbies they pursued. We saw people liked to visit the local shops and cafés and take walks along the coast. Many people accessed the community independently and spent time with their families and friends. One person told us, "My sister is too far to visit but I can ring her from the phone here which saves the money on my mobile phone."

There was an agreement within the service that visitors leave by 9PM unless with prior arrangement but there were no restrictions on bedtime for people. Information about how people had spent their time and how staff had supported people's social needs were recorded in support plans. One person told us, "I have visits all of the time, my (family member) can come when she likes."

Daily activities were planned by staff which included arts and crafts, pampering sessions, DVD's and games, however we were told by staff that not a lot of people joined in. Recently a successful arts and crafts session had taken place where people made Christmas decorations for the house. We saw people using the TV and DVD themselves to watch what they liked and others sat in communal areas chatting to staff and each other. One person told us, "I enjoy making cards and doing crafts and the staff here will do this with me as an activity." Another person said, "There are loads of things for us to do, pamper afternoons, board games,

bingo, loads of things."

A registered manager told us that larger activities and events were planned at their sister home because it was more spacious and there were more people to participate and make the atmosphere better. Therefore, people were escorted by staff to that home to join in, if they wished. People had made friends with others who lived at Manor Park and people who lived at the sister home and they enjoyed spending time there.

People made their own choices about all aspects of their lives and staff only supported them when necessary. Those people who needed support to make more complex decisions were still encouraged by staff to make daily decisions about clothing, meals and activities. One person said, "I'm excited about the Christmas party, it's with the other house and we are going to have karaoke."

The registered managers had responded well to the few minor complaints made about the service. Other small issues had been raised, but these had been dealt with promptly in an informal manner. Most people we spoke with told us they had no complaints about the service, the staff or the provider. Two people raised an issue with us and we informed a registered manager of this. The registered manager told us the issues could be easily resolved and would be addressed. We reviewed the provider's complaints policy which had been made available to people. The policy informed complainants of how to complain, how complaints would be handled and who would be informed, such as the local authority or the Care Quality Commission (CQC).

People and a relative told us they would have no hesitation in speaking to a registered manager about any complaints and they said they felt confident that their issues would be dealt with properly. One person said, "I have not had to make a complaint but I know I would be helped to do this." Staff also told us they felt assured to raise any complaints with the registered manager.

The service met the accessible information standard. Information could be provided to people or their relatives in a range of formats to ensure communication was clear and effective. There was information about the provider on display, which included the use of 'easy read' materials. This included, what to expect from the service, what assistance could be offered, policies and procedures and contact details. Other information which would benefit people, such as the complaints procedure, contact details for the local safeguarding team and CQC were also made available.

The service had not been required to provide end of life care to anyone. There was no reason to believe that end of life care would be required in the near future. People had been asked if they wished to share their end of life preferences. One record stated, "My end of life choices: a church service, buried with my mum at the cemetery." The names of hymns and songs which the person would like played and the flowers they would like were also noted. The provider had the necessary arrangements in place to be able to offer this type of service (if or when it was required). Training was widely available; the staff team were consistent and some bedrooms had ample space to allow for adaptations and medical equipment. The provider had availability to relocate people to their sister home should anyone's needs increase so much that Manor Park was no longer an appropriate place to live.

# Is the service well-led?

## Our findings

In January 2018, the owners of the company who operate this service re-registered the provider under the new name, Renal Health Limited. However, the owners have remained the same. Under their previous name, Turnberry Services Limited, this service was rated good and at this inspection we found compliance with the regulations had been maintained.

At this inspection, the long established registered manager of the service was not at work. They had not been in daily charge of the service since September 2018. A second manager from one of the provider's other services had registered with the Care Quality Commission in October 2018 to manage this service. This showed that the provider had endeavoured to ensure a registered person was in daily charge of the service in line with registration requirements.

A team of staff operated this service. A new operations director oversaw the management of this service. Senior care staff and a consistent team of reliable care workers supported the registered manager on a daily basis. A registered manager and the operations director were present during the inspection and assisted us by liaising with people who used the service, relatives and staff on our behalf. All staff were open and transparent during the inspection and gave us access to the records we requested.

The registered managers and the operations director had a long working history of caring for people with mental health needs or a learning disability. People who used the service and a relative were very familiar with the management team and spoke highly of them. A relative said, "(Registered manager) is brilliant; took action with issues immediately. Things were addressed. I can come in and talk to her, tell her my problems and she sorts it straight away."

Staff had high regard for the management team and told us they thought the registered manager had "good leadership skills". One member of staff said, "There has been a vast improvement since (registered manager) started three months ago." Another said, "Since (registered manager) came, the jobs have been getting done. Some things were long overdue and it's all been getting done." The staff appeared motivated and passionate about the service and they were dedicated to providing good care to people. Staff displayed a good understanding of their role and responsibilities and they described these to us with confidence and enthusiasm.

Staff told us they would not have any hesitation in approaching the management team about any issues they faced and they were confident that problems would be dealt with quickly and effectively. Staff meetings took place and we saw in the minutes that staff had an opportunity to formally raise matters.

Audits and checks of the service were in place to monitor quality and safety. For example, audits of health and safety, fire safety, staffing, kitchen safety, housekeeping, management and care. Improvements had been made to the audits and these were regularly checked and analysed by a registered manager to ensure that any themes or trends were identified and addressed. Regular staff competency checks had been implemented and these were now embedded into the staff supervision process.

Other checks had been completed daily, weekly and monthly by senior support staff such as medicines counts, food storage and fridge temperatures. The maintenance person also carried out checks around the premises to ensure safety, such as water temperatures and electrical appliance checks. A registered manager and the operations director oversaw these checks to make sure they continued to be carried out properly.

The operations director told us they planned to improve the quality assurance process further and had developed a new monitoring tool which they hoped to demonstrate to the provider at the next governance meeting. The operations director had a lot of plans in progress and had made a good start to developing and improving aspects of the service alongside the newly registered manager.

The registered manager and operations director were aware of CQC's Registering the Right Support guidance and NHS England's Building the Right Support guidance. They were making progress towards implementing the values that underpin this best practice guidance in relation to improving services for people with learning disabilities and/or autism, including those with a mental health condition.

The management team actively sought feedback from people, relatives, staff and external professionals about the service. Feedback was sought from people who used the service formally at 'Resident' meetings and through an annual survey. At the last 'resident' meeting, the management team discussed improvements to individual bedrooms and informed people of the programme of maintenance work to address repairs and decoration. People were also asked for their opinions and suggestions on the winter menu and forthcoming activities.

A survey had been conducted with people who used the service in January 2018 and another was due in January 2019. The responses from the last survey were positive overall and had been evaluated and shared with people. A staff survey was also conducted in January 2018, the results of which were not as positive. When the newly registered manager came into post they reviewed these results. An action plan had been drawn up to address any outstanding issues. The registered manager told us they hoped that when the next survey was carried out in January 2019, staff would feel a lot more positive about the service and would have seen positive changes taking effect.

The service continued to have strong links with the local community. Many local businesses such as shops and cafés were familiar with people's needs and staff encouraged and supported people to visit them. If people who visited these places independently become anxious or upset, the business owners knew how to contact staff for assistance. The people who used this service and the staff maintained strong links with their sister home and joined in with many of their social occasions.