

Trident Reach The People Charity Manor Park

Inspection report

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Ratings

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

Overall summary

This inspection took place on 24 February 2015 and was unannounced.

Manor Park is a residential home which provides care to people who have learning disabilities. The service is registered with the Commission to provide personal care for up to five people however at the time of our inspection three people were using the service. There was a registered manager at this location, although they were not present during our inspection we spoke with them during the day on the telephone. 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 and associated Regulations about how the service is run.

At our last inspection in July 2013 the provider was compliant with all the regulations we looked at.

We observed staff continually ask people how they wanted their care to be delivered and supported them in

Summary of findings

line with their requests. People were relaxed with staff and confident to approach them for support. Staff said they enjoyed supporting people and spoke affectionately about the people who used the service. People were supported to pursue the interests they said they liked such as listening to music and going to restaurants. During our inspection staff supported people to go out into the community for lunch in line with their wishes. People were also supported to be as independent as they wished such as helping to prepare their meals and wash their laundry.

People were supported to maintain relationships which were important to them such as meeting with relatives and attending their chosen place of worship. People were supported by staff to express their views about the service at monthly meetings and were involved in discussing the care they received. Relatives told us they were involved in the planning and reviewing their relative's care and were often approached by the provider to comment on the service when they visited or spoke to staff on the telephone.

The provider had conducted assessments to identify if people were at risk of harm and if so had included guidance about how this could be reduced. People's medicines were managed safely and there were care plans for people who were known to be at risk of malnutrition. Records which monitored people's nutritional intake and weight were up to date so that people were supported to eat and drink enough to keep them well. We saw that when necessary the provider had involved other healthcare professionals such as dieticians in people's care.

All the relatives and staff we spoke with told us that they felt there were enough staff to meet people's care needs. Staff were able to demonstrate they had the skills and knowledge to communicate effectively with the people who used the service and expressed a good knowledge of what people liked to eat. Although the registered manager was away during our visit, a member of staff

who was acting up in to the manager's role was knowledgeable about their additional responsibilities. Staff were supported with their personal development and to deliver what was required of their roles.

People were kept safe and staff could know how to recognise when people might be at risk of harm and the provider's process for reporting any concerns. Records showed that the provider had worked with other agencies when they had received information of concern in order to keep people safe. This protected people from the risk of abuse.

The provider did not always follow their responsibilities under the Mental Capacity Act 2005 (MCA) They had not conducted assessments when people were thought to lack capacity or held meetings to ensure decisions were made in the best interests of the people who used the service. When people lacked capacity, the provider had not taken action to seek that the care and treatment people received restricted their movement and rights under the MCA. The provider had not ensured that staff were clear about the requirements of the Mental Capacity Act 2005 (MCA). You can see what action we have told the provider to take at the back of the full version of the report.

Relatives told us the provider regularly sought their views when assessing the quality of the service although there were no formal arrangements in place to capture the views of people who did not visit the service. Relatives said they felt the provider acted on their opinions. Staff said the registered manager was approachable and responded to their concerns promptly. There were process in place to enable staff to express their views and records showed that the provider had taken action in response to issues raised at regular meetings.

The provider had a system to assess the quality of the service and identify how it could be improved. The provider had developed an action plan to implement improvements at the service and we saw that most actions had been completed on time.

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 protect people from the risk of abuse.

There were enough staff to meet people's care needs.

People's medicines were managed appropriately.

Good



Is the service effective?

The service was not effective.

Whilst people were supported when they lacked capacity to make some decisions, the provider had not ensured that staff were clear about the requirements of the Mental Capacity Act 2005 (MCA) and the legal rights of people had not been protected.

Staff supported people to eat and drink enough to keep them well.

People were supported by staff who had the skills and knowledge to meet their care needs.

Requires Improvement



Is the service caring?

The service was caring. Staff supported people to maintain relationships which were important to them.

Care was provided in line with people's preferences.

The provider respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. The provider supported people to express their views of the service and responded to people's comments.

People were supported to take part in interests they said they enjoyed.

Good



Is the service well-led?

The service was well-led. The provider regularly sought the views of relatives when assessing the quality of the service although there were no formal system in place to do this.

The provider conducted regular checks to evaluate the quality of the service and took action to rectify any issues identified.

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 February 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications since our last visit.

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 used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with one person who used the service. Due to their specific conditions some people were unable to tell us their views of the service however we observed how staff supported people. We spoke with three relatives of the people who lived at the home. We also spoke to the registered manager, deputy manager, four members of staff and a student who was on a placement at the service. We looked at records including three people’s care plans and staff training. We looked at the provider’s records for monitoring the quality of the service and how they responded to issues raised.

After our inspection we spoke to a social worker who supported a person who used the service.

Is the service safe?

Our findings

All of the relatives we spoke with told us they felt their family members were safe. One relative told us, “I feel my relative is safe. There are enough staff and the staff seem very kind.”

We spoke with four members of staff and they were all able to explain the provider’s policy for keeping people safe. This included an awareness of how to recognise when people might be at risk of harm and the provider’s process for reporting any concerns. We noted this was in line with local authority safeguarding practices. Staff said they received training in how to safeguard people from harm and records confirmed this. Records showed that the provider had worked with other agencies when they had received information of concern in order to keep people safe. Relatives told us that the manager and staff were approachable and we saw that information advising people how to raise concerns about people’s safety was displayed in the public areas of the home. This protected people from the risk of abuse.

The provider took action to ensure people were supported safely and respected people’s rights to receive care in line with their wishes. During our inspection we observed staff continually ask people how they wanted their care to be delivered and supported them in line with their requests. The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff we spoke with said care records contained information which enabled them to support people safely and guidance about the risks associated with people’s specific conditions. Staff we spoke with were available to demonstrate they knew people’s preferred communication styles and could explain what people’s specific movements

and gestures meant. For example a member of staff told us, “When [person’s name] makes a [specific] sound his means they want a drink”. This protected people’s rights to express their choices and control how they were supported.

All the relatives we spoke with told us that they felt there were enough staff to meet people’s care needs and records showed that the provider had maintained consistent staffing levels in line with people’s care plans. A relative told us, “There are always staff available and they are very attentive.” Staff we spoke with also told us there were enough staff to meet people’s care needs and did not feel too busy to respond promptly to people’s needs. The registered manager had access to the provider’s pool of bank staff when necessary to ensure that appropriate staffing levels were maintained. Staff told us that when people were supported by bank staff, they were usually already known to the person and were knowledgeable about how to meet people’s specific care needs. The provider had ensured that there were enough suitable care staff available to meet the needs of the people who used the service.

Staff were able to explain the provider’s medicines policy for reporting medication errors and records showed that staff had received training in how to manage medicines safely. Medicines were stored appropriately to ensure they were safe and maintained their effectiveness. People were kept safe from the risk of poor medicines management.

People’s care records contained details of the medicines they were prescribed, any side effects, and how they should be supported in relation to medicines. Where people were prescribed medicines to be taken on an “as required” basis there were details in their files about when they should be used. The manager conducted audits to check that people had received their medicines as prescribed and had taken the appropriate action when errors had been identified. Therefore the people received their medicines in line with their care plans.

Is the service effective?

Our findings

During our visit we observed staff asking people if they were happy and how they wanted to be supported and we noted that people were supported in line with their wishes. The provider however, had not conducted assessments when people were thought to lack capacity to identify if the care provided was in line with people's wishes or if less restrictive care options were available. When people lacked capacity, the provider had not taken action to seek that the care and treatment people received restricted their movement and rights under the Mental Capacity Act 2005 (MCA). Staff told us that they approached relatives for consent even though they knew that the relatives might not have the legal power of attorney to do so. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care records of a person stated that the person had not been supported to receive follow up medical treatment for a specific health condition because a relative had refused to give consent. Staff confirmed that the provider had not requested support or held a meeting to identify decisions which needed to be made in the person's best interest. The provider told us that they would review this decision. The staff we spoke to were not clear about the requirements of the MCA and had not received effective training in respect of the MCA or in respect of any decisions related to deprivation of liberty (DoLS).

Staff told us that they supported the same people and had managed to build up a detailed knowledge and understanding of their specific care needs. Staff were able to demonstrate they had the necessary skills to communicate effectively with people who used the service. For example a member of staff was able to explain a person's preferred method of communication, they told us, "When [person's name] gets their boots it means they want to go out". During our inspection we saw the person pick up their boots and a member of staff supported them to go out into the community.

Staff told us and records confirmed that they received regular training and supervisions to maintain their skills and knowledge. We saw that staff had undergone additional training when necessary so they could continue to support people as their care needs changed. A student who was working at the service as part of their health and social care course told us that they had undergone an induction to learn about the specific needs of each person who used the service and was regularly supported by staff to learn new skills. They told us they felt supported by the provider to develop their knowledge and told us they were encouraged to ask questions. They said, "All the staff have been really helpful, I've been told there is no such thing as a stupid question". Staff had the skills and knowledge to meet people's specific needs.

Staff expressed a good knowledge of what people liked to eat and if they had any dietary preferences. When a person had been identified of being at risk of choking, we saw that care records contained guidance for staff about how to keep the person safe. There were care plans for people who were known to be at risk of malnutrition and up to date records which staff used to monitor their nutritional intake and weight. When necessary the provider had supported people to access other health care providers in order to identify a healthy eating plan. Staff told us that they took a blender with them when supporting people to eat out in the community to ensure food was at the correct consistency to meet their specific needs. During our inspection the people who used the service were supported to go out for lunch. We observed that the people were excited when preparing to go out and were looking forward to the experience. People were supported to eat and drink enough to keep them well.

People were supported to maintain their health and welfare. Relatives told us they had regular discussion with the manager about the support people needed and how they could support their relatives to stay well. We saw that when necessary the provider had involved other healthcare professionals such as dieticians, in people's care.

Is the service caring?

Our findings

All of the relatives we spoke with told us that staff were kind and caring. One relative told us, "They are excellent, I can't fault them. They know my relative so well and treat the people they support like family." We observed positive interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support.

All the staff we spoke with said they enjoyed supporting people and spoke affectionately about the people who used the service. Staff knew how people wanted to be supported and we saw that staff had supported them to enjoy the interests they said they liked such as listening to music. Staff told us that they constantly supported the same people and this had enabled them to build up close relationships. Care records contained details which enabled staff to deliver care in line with people's wishes and preferences.

People were supported to express their views about how they wanted their care to be delivered. Staff were knowledgeable about people's preferred styles of communications and took time to understand what people were expressing. During our inspection we observed staff communicating with people in a gentle and sympathetic

way. We saw that when a person became over excited when trying to express themselves that staff supported the person to slow down and express themselves in a way the member of staff could understand. This enabled the member of staff to support the person how they wanted.

People were supported to be as independent as they wished. We saw evidence that a person had been supported to take part in preparing their meals and washing their laundry. This supported the person to learn life skills and supported them to live how they wanted.

People who lived at the home and their relatives told us that visitors were made welcome. Relatives told us that they were able to visit any time and there were no restrictions. This enabled people to maintain contact with people who were important to them.

Staff we spoke with said they had received training in how to respect people's privacy and dignity and there was guidance available in people's care records.

People were supported by staff to express their views about the service at monthly meetings. We saw that the provider had taken action in response to issues raised such as organising a Christmas trip to a pantomime and arranging to redecorate a bathroom. This meant that people were involved in discussing the care they received.

Is the service responsive?

Our findings

All of the relatives we spoke with told us they were involved in the planning and review of their relative's care. One relative told us, "They keep us well informed. I visit regularly and the staff always ask me if there is anything my relative needs or wants. They always respond positively."

The provider responded to people's wishes when supporting them with care. During our inspection people were supported to go out into the community for lunch. People were smiling and appeared to enjoy the process of getting ready to go out. We saw that one person had their own collection of vinyl records and had a record player to play them on. We saw that other people using the service enjoyed listening to the music and laughed and smiled with the staff who were supporting them to follow this interest. Each person had been regularly supported to visit a hairdresser of their choice. The provider supported people to follow their chosen interests.

The provider had responded as people's conditions changed. For example we saw that a person had recently been provided with new equipment to support them as their mobility needs changed. The provider had prior to the inspection supported a person to leave the service and move into supported living as their independent living skills had improved. This meant that people continued to receive care which met their most current needs.

Relatives we spoke with told us that they were always made welcome when they visited the service and were encouraged to participate in the lives of the people who used the service. Staff also told us how they supported a person to attend their chosen place of worship. This helped people to maintain relationships which were important to them.

People who used the service were supported to comment about the service they received at regular meetings. Relatives told us they were regularly asked for their views on the care their loved ones received and felt the provider responded appropriately to their comments. These had included arranging activities for people and improving the service's décor. The provider had responded to people's views about the service.

People told us they felt comfortable to complain if something was not right and they were confident that their concerns would be taken seriously. A member of staff told us, "The manager is available and listens." Relatives had received information about the provider's complaint policy when they joined the service and we saw that this information was also available around the home in formats which met people's communication needs. People told us they were confident to contact the provider and that the provider would respond to their concerns.

Is the service well-led?

Our findings

Relatives we spoke with said that they were happy with the care people received and how the service was managed. Relatives told us they felt the provider included them in how people were supported and people received care which met their needs.

The service had a registered manager who understood their responsibilities. This included informing the Commission of specific events the provider is required to notify us about by law and working with other agencies to keep people safe. Although the registered manager was away during our inspection, another member of staff was acting up in to the manager's role and they were knowledgeable about their additional responsibilities. All the staff we spoke with said the registered manager was approachable and provided regular updates on the how the service was performing and future challenges. They also told us that the registered manager supported them with their personal development and to deliver what was required of their roles. This inspired staff to provide a quality service.

Staff said the registered manager was approachable and responded to their concerns promptly. There were staff meetings and individual supervisions between the registered manager and staff. Staff told us they were encouraged to express their views about the service at these meetings and records showed that the provider had taken action, such as providing training in the correct use of hoists and reviewed care records in response to issues raised at these meetings. This enabled the provider to share their visions of service and review how the culture of the service was developing.

A student who was working at the service said they had received a detailed explanation of people's conditions when they arrived at the service and understood what the purpose and values of the service were. Staff also told us that senior managers were available when they were working outside of normal office hours. Staff had access to support and guidance when they needed it.

The relatives we spoke with told us that they were regularly approached by the manager and staff when they visited to comment on the quality of the care people received. This included being approached by staff when they visited the service and being contacted by the provider when people's conditions changed. However the provider did not have a formal process to obtain the views of relatives who visited less often. The provider considered the views of relatives when assessing the quality of the service.

The provider had a system to assess the quality of the service and identify how it could be improved. The provider monitored complaints, incidences and accidents and kept a log of each event. The manager submitted monthly records to the provider's head office to be reviewed for common themes. We saw evidence that the provider had identified from their own reviews of quality what action they needed to take in order to improve the service people received and their progress was monitored in action plans. We saw the provider had completed most of the required actions within their allocated time scales. These included reviewing people's care plans and improving the environment people lived in. Monitoring the quality of the service supported the provider to improve the care people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Personal care

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people who use the service, in relation to the care and treatment provided for them. Regulation 11.