

People in Action

# People in Action - 136 Manor Court Road

## Inspection report

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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.

136 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 four people with a learning disability. At the time of our inspection there were four people living in the home.

At our last inspection we rated the service 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.

# People in Action - 136 Manor Court Road

## **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 2018 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. A relative also felt confident people were safe. They explained, "Oh yes, they keep [name] very safe."

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.

Relatives and staff told us there were enough staff to support people safely and to respond to their needs. One relative commented, "There always seems to be plenty of staff on when we visit." Some staff members told us there had been some agency staff used recently, but told us they knew recruitment was ongoing, and that cover was always available to ensure people were supported safely. One staff member said, "I think there are enough staff to meet people's needs and to take people out." We observed staff were on hand to support people as required during our inspection visit. Staff were also available to provide one to one support to people where this had been assessed as being necessary.

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. We observed radiators in 136 Manor Court Road did not have covers to protect people from the risk of burning or scalding themselves. We discussed this with the registered manager, as radiators in another home managed by the provider and registered manager, were covered. The registered manager explained this was because no-one living in 136 Manor Court Road had been assessed as being at risk of scalding from uncovered radiators, due to their mobility. However, they told us they would review this and take action if required.

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 knew what arrangements were in place and one person commented, "If there is a fire, I go to the nearest assembly point outside."

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.

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 staff were knowledgeable and well trained. One relative commented, "Yes, the staff seem to know what they are doing." Staff spoke very positively about the training they received. One staff member commented, "The training we get is really good. The people who deliver it are very knowledgeable and it is very interactive." 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. One staff member said, "We are asked about our well-being, we talk about safeguarding, health and safety issues, about the people here and their needs. We also get feedback from the manager."

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 people's 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, decoration of the home had been undertaken in consultation with people to ensure they made choices about their environment. One person showed us how they had decorated their bedroom, and explained how they had helped choose the colours. There was a communal area in the home that had not been in use for some time. The registered manager was in the process of re-designing this, with people's involvement to provide a space people could go to if they wanted some time to themselves, or to meet with relatives for example.

People told us staff supported them to arrange and attend medical and other appointments where support was required. 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 health difficulties.

People told us they were happy with the food on offer, one person commented, "The food is alright. Actually, I like everything they cook." 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 and treated them with dignity and respect. Relatives agreed, and told us they were always made to feel welcome when they visited. One relative commented, "Oh yes, staff are very caring, I have no qualms about that. Staff ask us if we want a cup of tea when we visit, they are very welcoming."

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. They told us this was encouraged by the registered manager. One staff member told us, "What I see from [registered manager] and [deputy manager] is that they are one hundred per cent committed to the people." Another staff member said, "For me it is about sharing, understanding, talking to people, showing an interest in what people want to talk to you about. Making sure people know you are there for them."

People told us staff respected their privacy and did not intrude unnecessarily. We saw people spent time on their own in their rooms if they wanted to, and staff respected this.

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 told us staff encouraged and supported them to be as independent as possible. For example, one person had recently informed staff they wanted to consider living independently. Their care records reflected this, and plans were in place to enable the person to take small steps regularly towards more independent living. When we spoke with the person about this, they told us they had made this decision, and were happy with how staff were supporting them with it. Staff explained how they put this approach into practice. One staff member commented, "[Name] has potential. I realised they can dress themselves for example so we are encouraging that. They have also learnt their laundry goes in the wash basket as

opposed to the floor."

# Is the service responsive?

## Our findings

At this inspection, we found people continued to receive care that was personalised and responsive 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. People told us they had every opportunity to be involved in making decisions about planning their care and support and how it should be provided. They also told us staff supported them to achieve their goals.

Relatives were confident people's needs were responded to quickly and effectively. One relative said, "[Name] is thriving since they have been there, I can tell you that."

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 what people had done that day towards achieving their goals.

Staff understood the need to promote equality of opportunity. One staff member said, "To treat people equally sometimes means you have to treat people a bit differently and promote their rights." 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 told us they 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 told us, "I was out all day yesterday with [staff name]. We went to get some plants for when we do the garden and then we went to do the shopping." We observed people coming and going with support from staff on both days we visited the home. Care

records also 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 told us no-one currently living at 136 Manor Court Road had any specific communication needs, but that should someone develop such needs or someone came to live at the home with those needs, they would work with people such as Speech and Language therapists to get the right equipment and support in place for people.

## 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 the home was well managed. One relative commented, "The place is so well run, I have had some lovely chats with [registered manager], they are delightful."

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.

Staff were overwhelmingly positive about the registered manager and told us they enjoyed working at the home. One staff member said, "[Registered manager] is very supportive. They have been amazing. I only have to pick up the phone or speak to them, and things are dealt with. I raised something in supervision, it was dealt with and I got information on what had happened." They added, "I don't think I'd want to work anywhere else."

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. One staff member commented, "We normally meet as a full staff team every month. We go through an update on every customer, and we are also updated on any new policies and procedures to make sure we understand them."

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.

