People in Action

# People in Action - 132 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 19th November 2015 and was announced.

The service is registered to provide care and accommodation for to up to eight people with a learning disability. At the time of our inspection there were eight people living in the home.

The service 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. The registered manager also manages another service. As the other service is next door, the registered manager is at the home on a daily basis.

People were comfortable with staff, and relatives were confident people who lived in the home were safe. Staff received training in how to safeguard people, and had access to the provider's safeguarding policies and procedures if they had any concerns. Staff understood what action they should take in order to protect people from abuse. Systems were used effectively to identify and minimise risks to people's safety. These systems were flexible so people could take risks if they were able to do so and build their independence.

People were administered medicines by staff that were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks of medicines helped ensure any errors were identified and action taken as a result. There was enough staff to meet people's needs, with numbers of staff increased recently in order to support people effectively.

Checks were carried out prior to staff starting work to ensure their suitability to support people who lived in the home. Staff told us they had not been able to work until checks had been completed.

Some people were considered to lack capacity to make day to day decisions such as what to eat, what to drink, what to wear. This had been assessed so staff knew how much support people needed with decision making. However, where applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS) because they did not have capacity to decide where they wanted to live, this was not clearly linked to an assessment of capacity. Staff had a good understanding of the Mental Capacity Act, and the need to seek informed consent from people wherever possible. Staff followed the principles of the Act throughout our visit.

Staff were respectful and treated people with dignity. We saw this in interactions between people at our inspection visit, and this was also reflected in records kept. People were supported to make choices about their day to day lives. For example, they could choose what to eat and drink, and were supported to prepare their own meals if they wanted to.

People had access to health professionals whenever necessary, and we saw that the care and support

provided in the home was in line with what had been recommended. People's care records were written in a way which helped staff to provide personalised care, which focussed on the achievement of goals. Staff tried to ensure people were fully involved in how their care and support was delivered, and people were able to decide how they wanted their needs to be met.

Relatives told us they were able to raise any concerns with the registered manager, and they 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 to monitor the quality of the support provided in the home, and recommended actions were clearly documented and acted upon. This was achieved through unannounced provider's visits to check different aspects at each visit.

## 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.

People's needs had been assessed and risks appropriately identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

### Is the service effective?

Good

The service was effective.

People were supported by staff that were competent and trained to meet their needs effectively. Where people lacked capacity to make day to day decisions, this was assessed. Staff understood the need to get consent from people on how their needs should be met, and where people lacked capacity they had involved others appropriately. People were offered a choice of meals and drinks that met their dietary needs, and where able, were encouraged to help prepare their own meals. People received timely support from appropriate health care professionals. Communication between staff and professionals ensured health care needs were met.

### Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. Staff showed respect for people's privacy.

### Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with their involvement and which was regularly

reviewed. Care was focussed on what people wanted to achieve, and sought to build on people's strengths.
People knew how to raise complaints and were supported to do so.

## Is the service well-led?

Good

The service was well led.

People felt able to approach the management team and felt they were listened to when they did so. Staff felt well supported in their roles and there was a culture of openness. There were systems in place for the provider to assure themselves of the quality of service being provided. Where issues had been identified, action had been taken to address them.

# People in Action - 132 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.

The inspection took place on 19th November 2015 and was announced. We contacted the provider the day before our visit and told them we would be coming, as some people went out for the day and we wanted to ensure people would be available to speak with us. 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 were able to review the information as part of our evidence when conducting our inspection, and it reflected what we found.

During our visit we spoke with two people who used the service. Most people living in the home were unable to speak with us, so we observed interactions between staff and people in the home. We spoke to one relative during our visit and telephoned two relatives following our inspection visit. We also spoke with the registered manager, and three care staff.

We reviewed three people's care plans to see how their care and support was planned and provided. 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.

Good

# Is the service safe?

## Our findings

Relatives told us they felt people were safe living in the home. One relative told us, "I have no worries at all." We spent time observing the interactions between people who lived at the home, and the staff who supported them. People were relaxed and comfortable around staff, and they responded well when staff approached them, which indicated that people felt safe.

Staff explained how they ensured people who lived in the home were safe and protected from abuse. They had received safeguarding training to help them understand their responsibilities and there were policies and procedures for them to follow should they be concerned that abuse had happened. Staff told us they would report any concerns immediately to the manager. One told us, "If I was concerned about someone I would report it to [registered manager] straight away." There was information on display including contact details of the local safeguarding team so staff knew who to contact. Staff were clear that they would escalate concerns if no action were taken. One staff member told us, "I would raise it with senior managers if something was not dealt with." Staff also told us they had the opportunity to discuss safeguarding in supervision meetings. Supervision is a meeting between staff and their manager which gives staff opportunities to talk about their practice and personal development.

Risks relating to people's care needs had been identified and acted on. Care records showed that people had personalised risk assessments to help staff support people in a way that minimised risk but also promoted independence. The risk assessments were clearly written, and were regularly reviewed, with more frequent reviews when changes in risk had been identified, for example in response to changes in people's mobility. Staff knew about people's needs and risks associated with their care, and were able to tell us about these in detail. The registered manager told us about a recent risk assessment review which resulted in the assessment being changed as it was too intrusive and did not give the person enough time on their own.

Other risks, such as those linked to the premises, or activities that took place at the home were also assessed and actions agreed to minimise the risks. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. Records showed that when staff had reported potential risks, these had been dealt with. Maintenance work on the home was undertaken when required.

Staff knew what arrangements were in place should there be a fire in the home, and were able to tell us the emergency procedures. A 'fire folder' included evacuation plans for each person who lived in the home. There were contingency plans to keep people safe if people were temporarily not able to use the building.

The registered manager told us staffing was based on the needs of people who lived in the home. During our visit we saw staff were available to meet people's needs when required. There were enough staff to engage in activities with people, for example play games, look through magazines and support people to attend medical appointments. Relatives told us they felt there were enough staff to meet people's needs.

The registered manager told us there were a small number of staff vacancies. This was managed by existing staff covering gaps whilst a recruitment campaign was underway. They told us they did not use agency staff

in order to ensure people living in the home were familiar with the people supporting them.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from 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 come through before they started working in the home.

The registered manager told us all new staff undertook training to administer medicines safely, which was followed up by the manager observing staff administering medicines to check they did so safely and as per prescriptions. They told us they undertook a minimum of three observations but would carry out more if they felt there were issues, or if a staff member themselves did not feel confident. Once staff were assessed as competent to administering medicines, their competence was checked annually to ensure continued competence.

People had personalised medicines records which included information about the medicines they were taking and what they were taking them for. Any risks associated with particular medicines were recorded, along with clear directions for staff on how best to administer these.

We saw that where people took medicines on an 'as required' (PRN) basis, medicine plans were in place for staff to follow. Where 'as required' medicines had been prescribed to manage behaviour, the plans focussed on staff taking practical steps to support people before administering medicines as a last resort.

Where PRN medicines had been given, this was recorded on medication administration records (MAR) sheets, in people's daily notes, as well as on a staff handover sheet. These measures meant that people were not being given PRN medicines unless they needed them. MAR sheets were accurate and robust procedures were followed to check accuracy. Medicines were checked weekly to ensure stocks of medicines left following administering were correct.

Good

# Is the service effective?

## Our findings

People told us the staff were well trained. One person told us, "They know what they are doing." Relatives all agreed staff were well trained and knew how to support people effectively. One relative told us, "They manage [name] very well. They have a good rapport with [name]. [Name's] communication skills have come on since they have been there and that is down to the approach of the staff.

We saw staff used their skills, training and knowledge of the people who lived in the home to support them effectively. For example, they were able to support people with limited mobility safely. Staff told us they were able to learn from their colleagues and that this helped to develop their own practice.

Staff told us they completed an induction when they first started working at the home, which included training, working alongside experienced staff and being observed in practice before they worked independently. We saw that induction included completing 15 standards as set out in the 'Care Certificate.' The Care Certificate assesses staff against a specific set of standards and staff have to demonstrate they have the skills, knowledge and behaviours to ensure that they provide compassionate and high quality care and support. One member of staff told us, "The training here is always new, always updated." Another told us, "The training isn't on the computer like most places. It is face to face and small groups so it gets to go in." Staff also told us they had the opportunity to read people's care plans, and to familiarise themselves with policies and procedures. Staff told us their induction had been effective and had helped them in their role. One told us, "I'd be frightened if I'd been chucked in at the deep end."

There was a training record held by the registered manager of the home, which outlined training each member of staff had undertaken and when. The registered manager told us they would monitor what training people needed and when. This was in response to discussions with staff as well as day to day observations of their practice. The provider also kept a record of training they considered to be essential for different job roles. The registered manager told us the provider would notify them when training needed to be undertaken and by whom, in order to ensure staff skills and knowledge were up to date.

Staff had undertaken specialist training from the provider organisation to help them support people. For example, staff had been trained on how to effectively manage behaviour that might challenge others.

Staff told us they received regular one to one supervisions which gave them the opportunity to talk about how they were getting on, and to discuss anything that they were not clear about. Staff told us this helped them to develop their skills and to become more confident with their roles and responsibilities.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DOLS).

The registered manager understood the Mental Capacity Act and the Deprivation of Liberty Safeguards (DOLS). They told us, "If we want to pack our bags we can – if people here do this, we'd be trying to stop them." We saw they had made DOLS applications as appropriate. Care records indicated that people's ability to make day to day decisions had been assessed and documented. However, we saw that, where DOLS applications had been made, these were not linked to checks to determine if people had the capacity to decide where they wanted to live and understood the implications of their decisions. We raised this with the registered manager who advised action would be taken to address this.

Staff we spoke with understood and applied the principles of the MCA. One told us, "[person] would have capacity to decide what they wanted to wear, but would not have capacity to make bigger decisions. That is when I would speak to the manager who would get the relevant people involved."

Staff knew about people's individual food and drink requirements and needs, and how these should be monitored. Care records showed staff were following recommendations made by health professionals. The registered manager told us they monitored fluid intake for those who needed it. We saw fluid charts were being completed, and staff told us they knew how and when to complete them.

Staff cooked for people who lived in the home. People were asked what they wanted to eat, and alternatives were offered if people did not want what was planned according to the menu for that day. The registered manager told us they had involved health professionals such as Speech and Language Therapists (SALT), who helped to assess what sort of food people were able to manage. For example, staff had identified difficulties some people had with chewing or swallowing food.

Lunch time was calm, relaxed and friendly and there was clear communication between staff and people. People seemed to be enjoying the lunch-time experience and staff encouraged people to eat and drink.

All the relatives we spoke with agreed that staff made sure people got medical attention when it was needed. Care records showed that people with ongoing health conditions had access to medical professionals on a regular basis, and that staff sought medical assistance when they needed to. This helped to ensure that health conditions were well managed. Staff were able to tell us how best to support people and to maintain good health, and were familiar with people's individual needs. Care records also showed that people had regular access to mainstream health services including dentists, GP's, Opticians and Chiropodists.

Good

# Is the service caring?

## Our findings

Relatives told us they thought staff were caring. One told us, "Yes, they are definitely caring." They also told us, "[Name] seems very comfortable around the staff. If [name] wasn't and was upset about something they had done I would see signs and I haven't seen that." The registered manager told us, "That's what my job is all about. If I can make someone happy for that second." Staff told us they provided a caring, compassionate service. One told us, "The customers always come first."

We saw people were comfortable with staff, and were supported in a kind, caring way, which encouraged them to do as much as they could for themselves. Staff told us they tried to promote people's independence as much as possible. One told us "We try our hardest to meet what people want." We observed interactions between people and staff in the lounge area. Staff communicated with people in ways they understood. One person responded well to certain phrases which they would repeat. Both they and the staff member found this funny and laughed and joked about it.

Staff told us the registered manager encouraged them to spend time with people and that they were able to work with people in a caring way. One staff member told us, "Staff go above and beyond because it is like a little family." The registered manager told us, "The staff are a really good team. They go above and beyond." Relatives told us staff tried hard to maintain contact between people and their relatives, for example, sending birthday cards to relatives.

People told us staff tried to involve them in making decisions about their care. One person told us, "Staff ask how I am getting on and how things are going. They ask me if I want to change anything." Relatives told us they thought the staff involved people in making decisions about their own care as much as they were able to. All the relatives we spoke with agreed that where this had not been possible, they had been involved in making decisions about how people's care should be provided. One relative told us, "They do listen to us when we talk and make suggestions. They make notes and change things." People told us they had been involved in choosing what their rooms looked like. One person told us, "I got to choose how it was decorated."

Relatives told us there were no restrictions on when they could visit the home. One relative told us, "I occasionally drop in without calling first. There is no difference." Another told us, "They make me very welcome."

The registered manager told us they ensured people's dignity was respected through training, observations, supervision, and was also reinforced at team meetings. They also told us they used 'role-modelling' to give staff positive practice they could aspire to. "You are a guest in their house." Staff showed they had a detailed knowledge of people's past, their likes, dislikes and preferences. They showed that they were able to use this information in order to support people effectively, and to ensure they treated people with dignity and respect. For example, during our visit we saw that people were taken to a quiet, private part of the home if they needed support with their personal care. We also saw that people's dignity was supported over lunchtime. Staff supported people when they needed it, but made sure people were supported to eat

without interrupting their meal.

Good

# Is the service responsive?

## Our findings

The registered manager had a detailed knowledge of people who lived in the home, their history, needs, likes, dislikes and preferences. This meant they were able to advise all staff where issues were raised regarding people's care. The registered manager told us that, prior to coming to the home, people were assessed by the registered manager to ensure there was a clear understanding of their needs. They told us they had arranged for members of staff to spend time with people in their previous home prior to coming to live Manor Court Road to try and introduce them gradually to key members of staff. They also told us this meant staff could see for themselves what type of setting people were coming to the home from and what might need to be done to help them settle in. Relatives told us they had been happy with the support staff had given people to settle into the home.

People's care plans were written from the person's point of view. They included information on people's likes, dislikes, preferences, and history, which were summarised in a "One Page Profile", which gave an overview on how to support the person in ways that were important to them. Care plans included information on outcomes people were working towards and how these were to be achieved. These were not always up to date but it was clear that people were being supported to achieve them because their daily records included outcomes identified in the care plan and were ticked off as appropriate on a day to day basis. Care plans were updated as necessary, and we saw that changes were dated and clearly documented. People's care records included information about how much people had been able to contribute to the development of their plan. Where people had not been able to be fully involved, care records included information on how they had been written. For example, staff had spoken to relatives about how they thought people wanted to be supported, and monitored people's reactions to determine how best to support them. Relatives told us they were involved in developing and reviewing people's care plans, which meant they felt their views were valued and being taken into consideration.

Staff demonstrated they had good knowledge of people's individual needs and were able to tell us how people should be supported. The information they gave us echoed what we found in people's care records. For example, staff talked to us about people who were supported to manage their health conditions. They were aware of people's treatment plans, the medicines they took to manage their conditions, as well as how and where they should record developments which might impact on the person's health and well-being. Staff also told us they had time to spend with people. One told us, "After dinner in particular we will chat to people or do whatever they want to do." Another told us, "We help people to go out, shopping, town, activities like the 'garden project' for example". " We also do things in the home like arts and crafts for people who want to do that." Relatives agreed that people's care was responsive to their needs. One told us, "[Name] is coming on in leaps and bounds. This is better than anywhere else [name] has ever been." Another told us, "They seem to know what [name's] needs are by being there with him and listening to him."

Staff told us they supported people to go out often. One staff member told us, "There are enough staff so we are not limited. We can mix thigs up. There is flexibility. We can take people out or give people someone to one support. People enjoy that."

We saw that main meals were on a rolling menu. The registered manager and staff told us this was flexible, and that people could choose what to eat if they did not like what was on offer or if they had particular preferences. We saw a menu board which used pictures to plan what people were going to be eating for the coming week. Staff told us they used this to try to give a visual cue to people. Staff also told us that people could choose where they wanted to eat.

Staff told us they completed a 'handover' section in people's daily records which would be read by staff coming on duty for the next shift. This helped staff understand any issues or concerns before they started work and supported them in providing continuity of care. They also told us there was a 'handover' meeting when staff changed shift to discuss issues from the previous shift.

People told us they knew how to complain if they wanted to. One person told us, "If I wasn't happy I would talk to the manager." All the relatives we spoke with agreed they had little cause to complain, but that they knew how to do so and when they did they told us they received an effective and timely response. One relative told us, "It never gets to that stage. If I have any concerns I go direct to the staff and the manager and they sort it." Another told us, "They want to get it right."

Records showed that complaints to the service were logged and dealt with according to the provider's policy and in a timely manner. They also showed that key information relating to complaints was shared with staff in order to prevent mistakes being made, and to improve the service provided. There was a simplified version of the complaints procedure included in people's individual care records. This version used pictures and symbols to make it easier for people who lived in the home to understand. The registered manager told us staff spoke with people regularly, using communication methods appropriate for them as individuals, about how they were feeling and whether or not there was anything they were worried about.

Good

# Is the service well-led?

## Our findings

During our visit we saw good interactions between staff and the registered manager. Staff spoke freely to the registered manager, and exchanged information with them. Staff told us, "I am always knocking on [registered manager's] door asking questions. [Registered manager] is easy to talk to and gives lots of reassurance." Another told us, "[Registered Manager's] door is always open. They are really understanding. Really approachable." Staff also told us they felt listened to by the registered manager, and they were able to make suggestions about how things should be done. One told us, "When we are settling people into the home it is a team effort with staff working with the manager. This is one of the key things shared across the staff group."

Staff also told us there was a "homely' atmosphere, which was encouraged by the registered manager. One told us, "It's the family feeling you get. It is a nice place to work." Relatives we spoke with agreed, with one saying, "There is a safe, friendly, lovely environment here." During our visit we saw the registered manager spoke with people and staff in a friendly, warm way which helped to encourage a homely, family atmosphere.

Relatives we spoke with agreed the registered manager was approachable and responded quickly and effectively when they raised concerns. One relative told us the registered manager was 'Very easy to talk to." They told us about a time where their relative had some health problems, and told us communication from the registered manager was "Very good." Another relative told us, "There is a line of communication there which works."

Staff told us they had the opportunity to share their views at staff meetings. One told us, "There is an agenda which can be added to and we have useful group discussions." They told us there were written records of these meetings, with issues being discussed and progress fed back by the registered manager.

People were given the opportunity to share their views about the service being provided. Records showed that there were regular meetings for people who lived in the home. The registered manager told us that staff helped people to give their views by communicating with people in ways they could understand and respond to. Staff also used information from people's daily records to contribute to residents meetings on their behalf if people were unable to.

Relatives told us they were invited to 'relatives meetings' regularly which they had found useful. One relative told us, "I am always invited to a parents and carers meeting at the main office. I find them useful." The written records of relatives meetings, demonstrated that relatives were able to raise concerns and were updated on issues that had been raised previously.

People were invited to complete a questionnaire every year, which the provider used to assess the quality of the care provided. We saw that questionnaires included pictures and symbols to help people understand what they were being asked. The registered manager told us staff would talk this through with people to help them complete the questionnaires. Relatives had also completed questionnaires and the provider used

their responses to make improvements to the service. Relatives we spoke with told us they felt they were listened to and that the manager was approachable. They all agreed that when they raised things with the manager they saw a difference.

The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the provider.

The registered manager monitored and audited the quality and safety of the service provided.
Records showed that unannounced provider visits had been undertaken to check that the home was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. In addition to this, the provider undertook regular visits to the service in order to assess the quality of care provided. Records showed that the provider had praised good practice, but had also identified areas for improvement, and made recommendations for action by the registered manager. Records showed these had been acted on. The registered manager told us they felt well supported by the provider, and that they had regular opportunities to meet with their peers from the organisation to share ideas and good practice.

Incidents and accidents relating to individual people were recorded centrally and analysed by the registered manager. The registered manager told us this was with a view to analysing trends and recommending actions both for individual people and for the service as a whole. For example, action had been taken to reassess people's walking following incidents recorded for people living in the home.