

Manorcourt Care (Norfolk) Limited

Manorcourt Homecare (Sumners Farm Close)

Inspection report

Sumners Farm Close
Harlow
Essex
CM19 5SL

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18 March 2019

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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

About the service:

- Manorcourt Homecare (Sumners Farm Close) provides care and support to people living in specialist 'extra care' housing.
- Manorcourt Homecare (Sumners Farm Close) provides personal care support and practical assistance to older people who live in self-contained flats owned by the Council. Some people who use the service are independent and require little or no support from the service. This type of support is called "Well Being."
- Extra care housing is purpose-built or adapted single household accommodation in a shared building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.
- At the time of the inspection, it was providing personal care support to 32 people.

People's experience of using this service:

- People and relatives told us staff provided safe care.
- People were protected from the risk of abuse, harm, poor care and neglect.
- People were supported by sufficient staff who were suitably recruited, and knew the risks associated with people's needs and how to manage them safely.
- People's needs were assessed before they started to use the service, and they received consistent, timely and effective care.
- 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 individualised needs were met by staff who were appropriately trained and supervised.
- People and relatives told us staff were caring and treated them with dignity and respect.
- People received care without discrimination, and staff promoted their independence.
- People and relatives told us they received responsive care and they knew how to raise concerns.
- People's care plans were person-centred and regularly reviewed.
- The provider had systems in place to support people with end of life care needs.
- The provider had implemented processes and systems to ensure the safety of people's care and quality of the service.

Rating at last inspection:

- The service was registered by CQC on 2 February 2018. This is the service's first inspection since its registration.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Manorcourt Homecare (Sumners Farm Close)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

- Manorcourt Homecare (Sumners Farm Close) provides personal care and support to people living in specialist 'extra care' housing.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- Our inspection was announced.
- The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.
- Our inspection process commenced on 18 March 2019 and concluded on 18 March 2019. It included visiting the service's office, speaking to people who used the service and their relatives. We visited the office location on 18 March 2019 to see the registered manager and care staff, people who used the service, and to review care records and policies and procedures. As this was an 'extra care' housing, we were able to speak to people and relatives in person.

What we did:

- Our inspection was informed by evidence we already held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with three people who used the service and nine relatives.
- We spoke with the registered manager, the duty officer, two care staff and a volunteer.
- We contacted healthcare professionals and the local authority commissioning team for their feedback.
- We reviewed four people's care records, four staff files that included recruitment, training and supervision records, staff rotas and other records related to the management of the regulated activity.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the service was safe. A person commented, "Oh I'm safe here, there's people about." A relative said, "Safe and secure. Yes, [person] safer here than she was at home."
- Staff received training in safeguarding and whistleblowing. They were knowledgeable about how to safeguard people from the risk of abuse, neglect and poor care.
- A staff member told us, "It is about looking after people in a right way so that they are protected from abuse and harm. If don't get sorted, I would whistle-blow, go higher up, to the police and CQC." Another staff member said, "I would look out for signs such as being withdrawn, mood changes, marks, not wanting to eat and socialise, empty cupboards, unkempt, weight loss. I would speak to [registered manager]. Whistleblowing procedure is displayed in the staff room."
- Safeguarding records showed the registered manager had taken appropriate actions including contacting the safeguarding authority when they had concerns about people's safety.

Assessing risk, safety monitoring and management

- Risks to people's health, care and mobility needs were appropriately identified, assessed and mitigated.
- Staff knew risks to people and the measures they were required to take to minimise them. A staff member said, "If someone is at risk of choking we make sure [people] are not eating too fast, supervise them to eat slowly, sitting upright, make sure food and drinks are right consistency. Look out for signs such as aspirating, coughing and call for medical help if have any concerns."
- People's risk assessments contained measures for staff to follow on how to minimise the risks and provide safe care. Risk assessments were up-to-date and reviewed regularly. Risks covered included environmental, personal care, medicines, moving and handling, falls, mobility, fire, dietary and equipment such as wheelchairs and hoists.
- This meant staff provided care to people in a safe manner.

Staffing and recruitment

- People and relatives told us there were sufficient staff on duty to meet their needs safely. One relative said, "[Person] is in safe hands. There's always staff around in the evenings, too."
- Staff told us there were enough staff on duty. The service also had an on-call sleeping staff member at nights. Staff rotas confirmed this. People's care plans included care visit times but as staff were present at the service throughout the day people were supported outside those care visit times.
- The service had a high staff retention, and the office staff and the registered manager covered staff absences. The service did not use agency staff.
- The provider followed appropriate recruitment procedures to ensure staff that were employed were safe, of good character and suitably skilled. Staff files contained application forms, interview notes, and

reference, criminal record and right to work checks.

Using medicines safely

- People and relatives told us staff provided safe medicines management support.
- Staff were trained in medicines administration and their competency was assessed before they started administering medicines. The provider assessed staff's competency every six months to ensure staff knew how to administer medicines safely. Records confirmed this.
- Staff recorded in people's medicines administration record (MAR) charts after they had administered medicines. Where there were issues and gaps, these were identified and acted on promptly.
- The registered manager told us the provider was in the process of reviewing and updating their medicines recording systems, medicines support plan and risk assessment so that they reflected the National Institute for Health and Care Excellence (NICE) guidelines. During the inspection, we reviewed one person's updated medicines risk assessment and support plan, and we found the documents met the NICE guidelines.

Preventing and controlling infection

- People and relatives told us staff kept their flats and communal areas clean and tidy. Our observations on the inspection day confirmed this.
- Staff were trained in infection control and knew how to protect people from the risk of infection.
- On the inspection day, we saw staff used appropriate personal protective equipment (PPE) such as gloves and aprons whilst supporting people to prevent and control infection.
- Staff told us they were provided with sufficient PPE.

Learning lessons when things go wrong

- The provider had systems in place to report, record, investigate and learn lessons from accidents and incidents. These lessons were shared with the staff team in a timely manner to prevent them from happening again.
- Staff recorded details of accidents and incidents, the actions taken, follow-ups and outcomes. The registered manager reviewed the records and documented the learning outcomes to prevent similar recurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives told us that staff provided individualised care. A relative said, "I have watch how [staff] care for [person], they are brilliant. They do more than they should. I am her only relative and consider myself extremely lucky she's here."
- At the time of the referral, the provider assessed people's needs. The registered manager also discussed with people their needs and the support they required when they visited the service to view the flat and the communal areas. The registered manager told us they invited people to attend lunches and encouraged them to interact with other people who used the service before they decided to move to the service.
- The needs assessment process was comprehensive and the form included information related to people's healthcare needs, personal care, medicines, diet, communication, social, religious and cultural needs, routines and how they like to be supported.

Staff support: induction, training, skills and experience

- People's healthcare needs were met by staff who knew how to provide individualised care. A relative said, "Sometimes [person] would refuse to get up but [staff] checked on him throughout the day and night to make sure he was OK. [Staff] would sit with him when he was eating in the dining room, he was never rushed, if he didn't eat at first they would try later."
- People and relatives told us their needs were met by staff who were skilled. A relative said, "[Staff] are very professional and seem well trained."
- Staff told us they were provided with induction, and regular training to provide effective care. Training records confirmed staff were provided with sufficient induction and regular training.
- All new staff were provided with a detailed induction. Following the induction, new staff were required to shadow the experienced staff who were called the 'shadow workers'. The shadowing hours were decided based on whether staff had previous healthcare experience. A staff member said, "I did four days of theory training, fifth day was practical training and 16 hours shadow training. Yes, I feel confident in my job."
- Staff told us they found supervisions and appraisals helpful. Records showed staff were provided with regular supervision and an annual appraisal to enable them to do their job effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food, they had lunch in the dining room and were supported to make their own breakfast and dinner. They further said lunch time was a chance to meet up and socialise with other people.
- The service offered lunch time meals for people who did not want to make their own lunch.
- On the inspection day, we saw people were suitably supported to have lunch in the dining room.

- People's care plans stated their dietary needs and the support they required. Staff maintained food records for people who were supported with their dietary needs. The records showed people were supported to maintain a nutritionally balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff worked well with other agencies. One relative said, "The other night [person] was taken to [hospital] here in Harlow. They stayed with [relative] for four hours, they didn't need to do that but they did." Another relative commented, "[Person] was discharged on Christmas day and staff still were there to get her back to her room and made sure she was safe and sound and had a drink."
- The registered manager and staff liaised with various healthcare professionals in a timely manner and followed their recommendations to provide consistent, effective care to people. For example, their correspondence records showed the service worked with speech and language therapists, tissue viability team, district nurses, doctors and the respiratory team.

Adapting service, design, decoration to meet people's needs

- People told us they liked their flats and they were suitable for their needs. A person said, "The flat [is] very well designed. It's got all the facilities I need here. I have got bars on the bed to help me get out of it. It works well for me."
- People's flats and the communal areas including the garden were accessible and well maintained.

Ensuring consent to care and treatment in line with law and guidance

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.

We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff gave them choices and asked their consent before they provided care. Our observations on the inspection day confirmed this.
- People's care plans stated whether or not they had capacity to make decisions regarding their care. There were instructions for staff to follow on how to encourage people to make decisions.
- The provider checked and kept copies of authorisations where people had appointed representatives to make decisions on their behalf.
- Staff were knowledgeable about people's right to choose and the importance of seeking people's permission before providing support. A staff member said, "I would give [people] choices and ask their consent before supporting [them]. If they refuse to eat, [I would] encourage them to eat, try different ways but you cannot force them. Show them options such as porridge and bread and encourage them to choose."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff treated them well and they found them caring. A relative said, "[Staff] here restored [person's] happiness in life which had gone. [Staff] are so kind and understanding, they managed to keep him going." Another relative commented, "Sometimes I am in the kitchen and [staff] come in without knowing I am there, they are always cheerful, kind and happy towards [my relative]."
- During the inspection, we observed caring and meaningful interactions between people and staff. Staff spoke about people in a sensitive way and told us they liked caring for people. Their comments included, "I love it here. I find the job enjoyable and rewarding" and "I went to a [person's] funeral today. As a matter of respect, we go to people's funerals. They become part of your life and it is sad when they pass away."
- The registered manager told us they provided a service without discrimination and welcomed lesbian, gay, bisexual and transgender (LGBT) people to use their service. The service also welcomed staff from LGBT and diverse cultural and religious backgrounds.
- Staff were trained in equality and diversity, they were knowledgeable about how to provide care without discrimination. A staff member said, "Treating people as equals, it would be discrimination if [we] don't support people with equality and treat them unfairly just because of their sexuality, race, religion."
- People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs. The provider arranged a monthly religious service for people to attend. People were also offered religious and cultural specific food where this was requested.
- This showed people were well treated and supported, and staff supported them without discrimination, and in a caring and kind way.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were supported to express their views and were involved in the care planning process. Relatives told us they felt part of their loved ones' care. A relative said, "If staff had a query they would let us know, they would phone if they were worried about [my relative]. They always keep us informed and involved."
- On the inspection day, we saw relatives visited their family members at various times of the day and with ease, and staff were friendly and helpful towards them.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected their privacy and treated them with dignity. A relative said, "They treat [person] with dignity and respect her, she is always clean and well presented."
- Staff knew how to maintain people's dignity whilst providing care. A staff member said, "By making sure [people] have suitable clothes on, when seating in a wheelchair make sure they are appropriately dressed, when assisting with food make sure you are not rushing them and wiping their face."

- Staff encouraged and promoted people's independence. A staff member said, "[I] put food on [person] spoon and pass it to her so she can feed herself. I pass tissues to her so she can wipe her face."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, relatives and healthcare professionals told us the service was responsive and met people's personal needs. A person said, "I can tell you this place has helped me dramatically especially after I came out of hospital. Here I get peace and quiet, my health started improving the moment I walked through the door." A relative commented, "[Person] has got dementia now, can't fault the staff, their help and support have made such a difference." A healthcare professional said, "[Staff] will often get in touch when their [people who used the service] need help. Whenever I have visited, [people] have always seemed well looked after."

- Staff knew the importance of person-centred care. Their comments included, "It means what that person wants and likes" and "What they require, adapt the care in the ways they like."

- People's care files gave staff information on their background history, likes, dislikes, healthcare needs and routines. Their care files also contained a 'This is Me' document that gave information on what was working well in their lives, things they wanted to change, care outcomes, how they would like to be supported and preferred care visit times.

- The care plans also provided information to staff on people's communication needs, their preferred communication methods and instructions on how to communicate with people effectively. This meant the provider met the accessible information standards (AIS). The AIS set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.

- People's care was reviewed every six months and their care plans updated where necessary. People, relatives, staff and records confirmed this. A staff member said, "Our care plans and risk assessments are changed quickly when people's needs change."

- The service had an activities coordinator and volunteers that arranged group and individual activities for people who wanted to get involved.

- People told us they enjoyed group activities such as quizzes, games and religious services. A person said, "There are things to do which are well organised. We have got a nice little group and I am happy with that and one of my old neighbours is here too so that's good."

- A volunteer who helped out with activities told us, "[Activities] normally start straight after lunch 'there's a [staff] that does afternoon activities that is one of her specific jobs', they do craftwork and sometimes singing, local schools come in sometimes."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise concerns and make a complaint. A relative said, "If not happy about something, [I] would speak to [registered manager]. My [relative] tends to listen to [registered manager] more than us."

- There was an up-to-date complaint policy. There had been no complaints since the service's registration.

- There were processes in place to enable the registered manager to act on concerns and complaints promptly.
- The service maintained a folder of peoples and relatives' compliments and 'thank you' cards. One of the 'thank you' cards stated, "Thank you all for looking after [person] with understanding and love."

End of life care and support

- The provider had an end of life care policy that detailed how to support people with their palliative and end of life care needs. Where people had disclosed their end of life care and funeral wishes these were recorded in their care plans.
- Staff were knowledgeable about how to meet people's end of life care needs. Their comments included, "When caring for people when they are on end of life it is important to interact with them, reduce their isolation, make sure their pain is controlled" and "Make sure everything is in place so that the person has a pain-free and comfortable death."
- The provider worked with Macmillan and Hospice at Home services to enable staff to plan personalised care that met people's personal end of life care needs.
- The duty officer was scheduled to attend an advance end of life care training course delivered by the local hospice. There were plans for them to train the rest of the staff team on end of life care.
- Currently, no one was being supported with end of life and palliative care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they were happy with the service. A person said, "Social services found this place for me, and I am grateful they did."
- Relatives told us the service was well managed and they found the registered manager helpful. One relative commented, "[Registered manager] is fine, always listens and gets things done." A second relative told us, "[Person] is getting the best care possible, and it has taken a huge amount of stress out of our lives." A third relative said, "We couldn't fault this place. It is the best thing that has happened for her."
- The registered manager demonstrated their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear about their roles, and knew their responsibilities in meeting the quality standards of care the registered manager had set out for the service.
- Staff told us the registered manager was approachable and they felt well supported. A staff member said, "Very much supported by [registered manager]. She is very easy to interact with, she will be there to have a chat with you, sort anything out that needs sorting." Another staff member commented, "I know if I need anything [registered manager] is there. Very approachable, easy to talk to. Yes, my views and opinions are sought and are valued."
- Staff and a volunteer told us they enjoyed working with the provider. Staff comments included, "I love it here. I am proud of staying in this job for a year. I get bored easily and this is the first place I haven't. I am happy here" and "We are a really good team. We have been able to retain staff, they are happy working here. We have a diverse team." A volunteer told us, "It is a very happy place to work."
- The provider had systems and processes in place to enable the registered manager to have oversight of the management of the regulated activity.
- There were records of regular monitoring checks and audits to ensure the quality and safety of the service. The checks included quarterly care reviews, six monthly unannounced visits to people using the service, and audits of care plans, risk assessments, medicines administration charts, daily care logs and staff files. The checks were all in date and the registered manager had taken actions where they had identified areas of improvement.
- This meant the registered manager had a good oversight of the service, and continuously learned and improved care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people, relatives and staff on an ongoing basis to seek their feedback, to keep them updated and informed of any changes.
- The registered manager asked people and relatives for their views and opinions on a regular basis, and these were acted on to shape the service. Monitoring visit and care review records showed people were asked for their feedback and views. The last quality survey, carried out in October 2018, indicated people and relatives were happy with the service and the overall feedback was positive.
- The local authority arranged quarterly 'tenants' participation' meetings where people were asked if they were satisfied with the service. The registered manager attended these meetings and shared any relevant information regarding the care delivery. Records confirmed this.
- The registered manager held three monthly staff meetings to discuss aspects of care delivery. Records confirmed this. Staff told us they attended team meetings and found them helpful.

Continuous learning and improving care

- The provider had a quality assurance policy and processes in place that promoted continuous learning and improving care.
- The registered manager attended managers' meetings where they discussed various aspects of care and how to improve the care delivery. For example, at one meeting topics discussed included operational issues, quality issues and best practices such as assistive technology.
- The registered manager told us they received monthly one to one developmental sessions with the regional manager where they discussed how to improve the service. They further said that quality issues were reviewed and acted on monthly at the local managers' meetings and lessons learnt and shared.
- This showed the provider was committed to continuous learning and improving care.

Working in partnership with others

- The registered manager worked in partnership with community organisations, local authorities and other healthcare professionals to improve people's experiences. A healthcare professional told us, "[Staff and the registered manager] is very good at communicating and were really open to working collaboratively."
- For example, the registered manager managed to secure 'in-kind' support from an international company's foundation trust to renovate the service's communal garden to make it more accessible and pleasant for people who used the service. 'In-kind' support is often accepted as an alternative, or additional to, a financial contribution.