M & A Care Limited

Manor Park

Inspection report

55 Manor Park
London
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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

Manor Park is a residential home that provides accommodation and personal care for up to nine people. At the time of the inspection the service was providing care support to seven people. This inspection took place on 8 and 9 March 2017 and was unannounced.

The service had a registered manager at the time of the inspection. 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.

People living in the service felt safe. Staff were trained to identify signs of abuse and to take action to protect people if they suspected abuse. People had individual risk assessments and regularly reviewed plans were in place to mitigate risk. People were supported by staff who had been recruited through a robust process that ensured they were safe and suitable to work with people. People received their medicines safely by staff who were competent to administer them. People were safe in the event of an emergency because staff knew what actions to take to protect them from harm.

People received effective care delivered by a trained staff team. The management team ensured that staff received supervision and appraisal. People gave consent to the care they received and received support in line with the Mental Capacity 2005. People ate nutritious meals and were supported with regular and timely access to healthcare services.

People received support from staff who were caring and who they had known for a long time. Staff respected people's privacy and treated people with dignity. People received the assistance they required to be as independent as they could be. Relatives felt welcome when they visited.

People had detailed needs assessments that were regularly reviewed to ensure they were up to date. Care plans contained enough information to ensure that staff met people's needs in line with their references. People were supported to engage in activities of their choosing and received the support they required to meet their spiritual needs. The provider actively sought the views of people and acted on their feedback.

People and staff told us the registered manager and her deputy were approachable and had an open management style. Staff felt supported and able to share their views. The leadership team carried out robust quality auditing and the provider worked in partnership with other organisations to ensure people's well-being.

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 felt safe and staff understood how to protect people from abuse.

People's risks were assessed and plans were in place to mitigate them.

There were enough staff available to support people safely and staff had ben vetted during their recruitment to ensure their suitability.

People's medicines were stored, administered and recorded safely.

People were protected from the risk of infections and contingency plans were in place to respond to emergencies.

Is the service effective?

Good

The service was effective. Staff received training to meet people's needs.

Staff received regular supervision and appraisal from their managers.

People were treated in accordance with the Mental Capacity Act 2005.

People's had their nutritional needs assessed and met.

Healthcare professionals visited people at the service

Is the service caring?

Good

The service was caring. People told us that the staff were caring.

Staff knew people well.

People were supported to maintain their independence.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. People's need were assessed and reassessed when their needs changed.

People had care plans in place to ensure their needs were met.

People were supported to participate in activities including faith based activity.

People gave feedback to the provider about their experience of the care provided.

Is the service well-led?

Good

The service was well-led. The registered manager was open and approachable.

There was effective communication within the team.

The registered manager undertook robust audits of quality at the service.

The service worked in collaboration with external agencies including health and social care professionals.

Manor Park

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 9 March 2017 and unannounced. This meant the provider did not know we were coming. It was undertaken by two inspectors and an 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

Prior to the inspection we reviewed the information we held about Manor Park including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with seven people, two relatives, four staff , the administrator, deputy manager and registered manager. We also spoke with one visiting healthcare professional. We reviewed six people's care records, risk assessments and medicines administration records. We reviewed nine staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance information and audits. We looked at complaints and compliments from people and their relatives. Following the inspection we contacted five health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People living in Manor Park told us they felt safe. One person told us, "It's very comfortable and we feel safe and secure." Another person said, "Yes, I do feel safe." All of the staff delivering care and support at the service had undertaken safeguarding training. Staff were able to tell us about different kinds of abuse, the signs that someone may be at risk of abuse and the actions they would take to keep people safe. One member of staff told us, "I would report abuse to the registered manager and CQC. The police and social worker would get involved too."

People were protected because staff understood the provider's whistle-blowing policy. Staff told us they would be prepared to use it if they were concerned for people's safety. Staff knew if the registered manager did not address their concerns about people they would inform an external agency. One member of staff told us, "I would phone or email you guys [CQC] or tell the Council's safeguarding unit if there was a cover up or no action by managers."

People were safer because staff had assessed their risks and taken steps to mitigate them. People were supported with risk assessments which reviewed a range of issues including people's nutrition, mobility, swallow safety and risks associated with their health conditions. Risk assessments informed staff about the actions they should take to keep people safe. For example, one person was supported to use a stair lift to eliminate their risk of falling whilst using the stairs.

People told us there were sufficient numbers of staff available to meet their needs safely. One person told us, "There are enough staff around." Another person said, "There are enough people working here." We observed that staff were available throughout the service on both days of our visit and saw them respond to people promptly.

People received their care and support from staff recruited safely by the registered manager. Applicants submitted job application forms and invited for interview. Successful applicants were required to submit to criminal records checks and checks against lists of individuals barred from working with vulnerable people. Staff supplied documents to confirm their identities and addresses and the registered manager retained copies of these. The registered manager also took up two references and records showed that they sought explanations were there were gaps in applicant's employment history.

Staff administered people's medicines safely. People received their medicines in line with the prescriber's instructions and staff signed medicines administration record [MAR] charts to confirm people had received the right medicine at the right dose and at the right time. People's allergies to medicines were recorded prominently in care records and on their medicines administration records. Staff received training in administering medicines to people and managers routinely assessed their competency.

People were safe because of the provider's plans to respond to an emergency. People had personal emergency evacuation plans (PEEPs). These detailed the support people required to respond safely to a fire. For example, one person's fire assessment noted that they may be confused and unable to safely leave the

building. The assessment stated that this could be managed with, "Staff helping them to the nearest fire exit."

People were protected against infection. One person told us, "They clean our rooms and make our beds daily." Staff used personal protective equipment (PPE) including aprons and gloves when providing people with personal care. Each item of PPE was for single use. This meant people were protected from cross contamination. We observed that there were no malodours, the home was clean and there were hand sanitizers available throughout the building.

Good

Is the service effective?

Our findings

People were supported by knowledgeable staff. One person told us, "The staff know what we need." The registered manager's training matrix identified planned training for staff and confirmed the courses they had already undertaken. Staff were supported to participate in regular refresher training in mandatory areas including, manual handling, medicines, safeguarding and first aid. This meant staff received on-going training to ensure their skills and knowledge were up to date.

New staff delivering care to people were supported through an induction process. This included mandatory training, the completion of the care certificate and familiarisation with the home's procedures and people's care records. New staff shadowed experienced colleagues during their induction to observe the appropriate way in which personalised care and support should be delivered. This meant people were supported by staff who were competent to effectively meet their needs.

People received care from staff who were supervised by the registered manager. Staff attended supervision meetings every three months. Records showed that the meetings were used to test staff knowledge. For example, in one staff member's supervision they were asked to explain different types of abuse. In another supervision session the manager asked staff to explain effective handwashing techniques. The records from a third sessions show discussion about the safe use of a wheelchair including safety related to foot plates, brakes and arm rests. Staff were able to discuss their concerns about people's needs and to improve their skills in the delivery of care.

Staff delivering care to people had their performances evaluated by the registered manager. Staff participated in an annual appraisal and contributed self-evaluations to the process. Appraisals were used to discuss the personal development of staff and appraisal records were used to collate information about each staff member's training and professional learning over the previous year.

People were supported with their communication needs. People's communication needs were assessed and staff had guidance in care records about supporting people. Additionally, how staff should effectively meet people's communication needs were discussed in team meetings. For example in one meeting, the registered manager advised staff that when supporting a person with a hearing impairment they should, "Avoid talking too rapidly or using sentences that are too complex. Remember to use natural facial expressions and gestures."

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found people had the appropriate documentation from the local authority to support the DoLS in place which kept them safe. Documentation included the purpose of the authorisation and its expiry date.

People's mental capacity was assessed in relation to their ability to decisions. We saw one example where one person had a mental capacity assessment to manage their finances. Where people lacked capacity the arrangements in place to support their best interests were clearly documented. For example, some people were supported by individuals who had the specific legal role of managing finances on people's behalf. This is called power of attorney and the registered manager ensured that the appropriate documentation was in place.

People told us they enjoyed the food they ate. One person told us, "The food is good." Another person said, "Today's lunch was enjoyable." People were supported to choose the food they ate and were provided with the support they required to eat and drink. Whilst none of the people living in the service at the time of our inspection presented with an unsafe swallow, staff were knowledgeable about food consistencies for people at risk of choking and the use of drink thickeners. Staff were also able to explain how they encouraged people to drink enough. One staff member told us, "We have to be mindful about hydration all the time. People have to consume plenty of liquid but don't always want a drink. So we offer jelly a lot too."

People were supported to have access to a range of healthcare services and professionals. For example, a dietician regularly visited the service to provide staff with advice on issues including hydration, constipation, food supplements and screening for weight loss. GPs and chiropodists were also frequent visitors to the care home. Staff maintained records of people's healthcare appointments for later review.

Good

Is the service caring?

Our findings

People told us that the staff supporting them were caring and kind. One person told us, "The staff are very friendly, they are all so caring and attentive." Another person told us, "The staff are very nice, kind and caring."

People received care from staff who knew them well. People and staff had shared positive relationships for long periods. Many people had lived at the care home for more than 10 years and many staff had been working there for periods longer than that. One relative told us, "We're like a big family."

People were involved in making decisions about the care and support they received each day. People chose how to receive their personal care, what activities to engage in and what they ate. Care records contained details about people's preferences for how they wanted staff to deliver their care and support.

People's independence was promoted. People told us that staff encouraged them to maintain their independent living skills. One person told us, "I think that the staff do let me work out things for myself." Care records noted what people were able to do independently and informed staff about the support that people required to maintain their independence. For example, one person's care records noted that they "Like[d] to brush their hair but require[d] a prompt from staff to remember." Another person's records noted they could use the toilet independently but needed regular prompting by staff so they would not have to rush to the toilet and arriving their too late. A third person's records noted that they were able to put on their glasses independently but needed staff support to ensure they were wearing the pair most appropriate for distance or reading.

People had their privacy and dignity maintained. Staff knocked on people's bedroom doors and waited to be invited in before entering. We observed staff speaking to people respectfully and using their preferred names. Records of a group discussion showed the manager advising staff about maintaining people's privacy when talking to relatives. The manager had said, "Take relatives to a private area when communicating information regarding their family members." The service had a confidentiality policy in place which detailed how staff should manage people's confidential information.

People were supported to remember former residents who had passed away. The service kept a folder which included photographs of people, funeral programmes, the written reflections of staff and thank you cards from families. This meant people were supported to cope with their loss.

The relatives of people who formerly resided in the care home continued to visit the service, were supported to maintain friendships with people and were invited to social events. We met the relative of a person who had died at the care home. They told us that staff were compassionate to the person during their end of life care and supportive to them as a relative during their bereavement. They said they always felt welcomed when they returned to visit people and staff.

Good

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. People's needs were assessed and subject to regular review. People and their relatives participated in assessments and reviews of their care and support. Assessments contained information about people's physical and health, their mobility and nutrition. They also provided information about people's life stories, social networks, hobbies and preferences.

People had care plans in place to guide staff as to how they should meet people's assessed needs. Care records stated the support people required to mobilise, eat, join in activities and have their personal care needs met.

People received the supported they required to participate in the activities they chose. One person told us, "I feel I am given choice about what I do." Another person told us, "I like playing games" Records showed people participated in a range of group activities including mixing and decorating cakes, crafts, reminiscence sessions, pampering and sing-a-longs. A member of staff told us, "We do exercises every morning with the residents who are in the lounge, after morning coffee." We observed that most people participated in this activity. People were also supported to engage in activities they chose on an individual basis. For example, one person told us that they had attended a football match at Millwall football club. Whilst another person was supported to visit the Imperial War Museum.

People were supported to continue to practice their spirituality. People were visited by clergy and other members of congregations from a number of churches. Church of England and Methodist ministers visited regularly and a Catholic priest delivered a full service for residents who choose to participate. People who chose to had the support they required to visit local churches. One person's care records also stated, "It is important to call a priest if [person's name] falls ill."

The provider actively sought the views of people. One person told us, "There is always someone who listens to you." People were supported to meet formally in residents meetings. These meetings were used to discuss issues and make plans. For example, people were supported to developed menus, plan activities and discuss the home environment.

People and their relatives told us that they knew how to raise concerns and make a complaint if they needed to. There were no complaints recorded since the last inspection. One person told us, "No, I've never complained, but would if I needed to." Another person said, "I've no complaints." A copy of the provider's complaints procedure was available for people and visitors in the reception area.

Good

Is the service well-led?

Our findings

People we talked with knew the registered manager and spoke positively about her. One person told us, "The manager is a nice person, she's always about." Another person said, "The manager is very jolly and nice."

There was an open culture at the service. Staff told us the managers were available and approachable. One member of staff told us, "You can go and talk to the [registered and deputy] managers anytime and discuss anything." Another member of staff said, "They are good managers. They care about the people and us [the staff]." The manager chaired regular team meetings which were used to discuss people's changing needs and improving the support people received. Team meetings were minuted so that staff who were not present could be kept informed about developments within the service.

People, relatives and staff understood the management arrangements at the care home. The service was led by a registered manager, deputy manager and care supervisor. A senior member of staff led each shift and staff were delegated responsibilities for specific tasks. There was an on call system in place. This meant people were supported overnight and at weekends by staff who had management support available to them by phone.

People, their relatives and health and social care professionals were invited to give their feedback about the service and to share suggestions. These were then acted upon. The registered manager reviewed daily care records to ensure they reflected people's choices and preferences.

The registered manager ensured there was effective communication within the staff team throughout the day. Staff conducted handover meetings at the beginning and end of each shift to share information about people's needs and events in the service. This meant staff had up to date information about people before delivering care.

People received care within a service where the management demonstrated good governance. The registered manager oversaw a robust quality assurance process. Audits were systematically carried out and reviewed. Audits included checks of medicines, care records, finances, health and safety and staff records. Where shortfalls were identified the registered manager developed an action plan to ensure improvements were continuously made.

The registered manager worked in partnership with others to achieve positive outcomes for people. For example, the service regularly collaborated with health and social care professionals and local pharmacy specialists. The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required.