

Manor Care Homes Ltd

The Annexe

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

About the service

The Annexe is a service providing live in care to people in their homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service supported three people at one location, where two people received personal care. They shared a single 'house in multi-occupation'. People who used the service had needs associated with learning disabilities and other complex needs.

People's experience of using this service and what we found

People felt safe and at home at The Annexe. People were treated with dignity and respect and their lifestyle and equality needs and choices were understood and respected. The registered manager told us, "We know each person very well and are clear about the support they want". People told us they were happy with the support they received. People had privacy when they wanted it.

People were protected from the risks of harm and abuse and any concerns they or staff had, were listened to and acted on. Risks had been assessed with people and family members acting on their behalf. People were supported to remain independent and as safe as possible in ways that had been agreed.

Staff supported people to remain healthy. People enjoyed a balanced diet which met their needs and were supported to lead active lives. People's medicines were managed safely. People were protected from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had planned their care with staff and were supported to maintain their routines. They were supported to take part in a range of activities they enjoyed. People had been offered the opportunity to share their end of life preferences and these had been documented.

The provider and registered manager had oversight of the service. They completed regular checks on the quality of care people received. People, staff and relatives were asked for their views about the service. These were listened to and acted on to improve the service.

The registered manager understood their legal responsibilities and had shared information with us and others when they needed to.

There were enough staff to support people when needed. Staff had the skills required to care for the people

and were supported by the management team. Staff were recruited safely.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

This service was registered with us on 16/10/2018 and this is the first inspection.

Why we inspected

This was a scheduled inspection based on timescale for unrated services.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Annexe

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a supported living service. It provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection and we wanted to be sure there would be people at home to speak with us. Our inspection activity started on 27 September 2019 and ended on 7 October 2019. We visited the office and house where people lived on 30 September 2019

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager and care workers.

We reviewed a range of records. This included one person's care records and two people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- All aspects of people's lives were assessed for risks and staff worked with people to manage the risk. There was guidance in place for staff to follow to reduce the risks. For example, in relation to specific medical conditions and behaviours as well as when people were out in the community, travelling, taking part in activities or attending health care appointments.
- Staff received training in managing behaviour that could challenge, they described potential behavioural triggers, how people may respond and how they would support people. Clear guidance and processes ensured people were supported consistently.
- People were encouraged to take positive risks; staff used visual communication aids and spent time with people to manage their anxieties and expectations about upcoming events. For example, staff had supported one person to attend a family member's funeral and lay flowers at the grave. Another person used the kitchen to help make food and drinks for themselves and others.
- Staff followed guidance about how to reduce and minimise risks to people. For example, to keep a person safe in the community, staff discreetly ensured the environment was always safe for one person who was at risk of placing inedible objects in their mouth. People told us they felt safe when staff supported them, including when they accompanied them outside of the service.

Staff were attentive and observant of people's needs;

- Regular checks were completed on the environment to ensure it was safe for people, staff and visitors. Staff checked water temperatures regularly to prevent the risk of people scalding themselves. Staff also completed checks on fire prevention equipment to ensure it was in working condition and practiced fire drills with people. Personal emergency evacuation plans set out the support people needed to leave the home in an emergency, for example, a fire.

Using medicines safely

- People received their medicines when they needed them and in the way they preferred. One person confirmed they received their medicine when they expected to.
- Medicines were stored appropriately and records of administration were up to date and accurate.
- There were protocols in place for people who had 'as and when' (PRN) medicines including access to rescue medicines when they were away from the service.
- People were supported to attend appointments with health professionals to review their medicines to make sure that their medicines were meeting their needs. The reviews of prescribed medicines ensured their use and dose remained appropriate to avoid any risk of overmedication.
- Staff received training and competency checks in medicine administration and told us they felt confident to support people with their medicines.

Learning lessons when things go wrong

- People's safety was promoted living at The Annexe, there was a low occurrence of accidents and incidents
- Any accidents and incidents were recorded and analysed to identify any patterns and trends. This included looking at the time and place of accidents.
- Staff acted to support people to learn from any incidents and put plans in place to reduce the risk of them happening again, including additional support if needed.
- At the start of each shift, staff reviewed people's daily notes, and the handover documentation.
- Staff discussed any incidents and how to reduce the likelihood of them reoccurring during team meetings.

Systems and processes to safeguard people from the risk of abuse

- One person was able to tell us they felt safe and liked the staff who supported them. People were relaxed in each other's company and enjoyed and welcomed interaction with staff. People smiled when staff interacted with them and they were confident showing staff what they wanted support with or what they wanted to do.
- The registered manager had established links with the local authority safeguarding team and fully understood their responsibilities to keep people safe from abuse.□
- Staff knew about different types of abuse and were comfortable to report any concerns to the management team.
- Staff knew how to whistle blow outside of the service if they needed to.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Permanent staff covered sickness and annual leave, the registered and head of care knew people well and provided cover if needed.
- People told us that they always received their support when they needed it. The timing of the support could be changed to support people to attend appointments and activities.
- Staff were recruited safely and checks were completed before they started work at the service including references and full employment history. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers to make safer recruitment decisions.

Preventing and controlling infection

- The service was clean and odour free; staff supported people to clean the house.
- Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant 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

- The provider's pre-assessment included meeting with people, making observations about the care they needed, speaking with staff who supported them and their family. People visited the service and met the other people living there before moving in. The registered manager told us they were under no pressure to take on new people.
- The assessment process also considered people's protected characteristics under the Equalities Act 2010 including their culture, religion and sexuality. People were given the opportunity to share information about any protected characteristics. This included the sensitive discussion of people's circles of friends to determine any special friendships or relationships.
- Pre-assessment processes ensured people's needs were known and enabled the service to put plans in place to meet their needs. The assessment process informed care plans and risk assessments, this formed a detailed guide which enabled staff to support people in the best way possible.

Staff support: induction, training, skills and experience

- Staff received training and the support needed to complete their roles. They were confident and competent in supporting the people they cared for.
- Staff training was up to date, there was an established induction process for new staff to follow.
- Staff told us they received regular supervision and the support they needed to enable them to develop into their role, with the skills and confidence required to support people well.
- The management team often worked alongside staff, any issues were promptly resolved.

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

- People were supported to eat and drink sufficient amounts to maintain good health. People told us they were offered a varied and balanced diet.
- One person enjoyed shopping and took charge of the weekly food shopping. Menus were planned weekly and people told us they had a wide variety of food which they enjoyed.
- People sometimes ate the same meal or ate different things, which staff supported them to do.
- People were asked about what they wanted to eat and drink and told us they sometimes helped staff to prepare food.
- During mealtimes, staff sat with people and supported them to ensure they were protected from potential risks, for example choking.

Staff providing consistent, effective and timely care; supporting people to live healthier lives, access

healthcare services and support

- Staff supported people well with their physical and mental health needs. The service had introduced a 'Healthy mind, Healthy Lives' initiative. This supported and encouraged people to consider what they did and what they ate; promoting exercise and making healthy eating choices.
- People had regular appointments with healthcare professionals including the GP, dentist and optician. They had attended 'Well Man' clinics. Staff sought support from a specialist nurse to understand why one person frequently developed urinary tract infections. Having applied the advice received, the infections were less frequent.
- People had information to take with them to share with other healthcare professionals, for example if they needed to go into hospital.
- People were supported to live healthier lives. Staff encouraged people to spend time outside of the service and supported people to attend community events.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us that people's relatives had a Power of Attorney (POA). A power of attorney is a legal document that gives a named person authority to make decisions on a person's behalf. The registered manager had checked the POA document to evidence that it was in place.
- People were able to express their day to day choices. Staff understood this and respected people's decisions.
- People's capacity to make specific decisions had been assessed. When people did not have capacity to make specific decisions, meetings were held with relevant professionals and family members, to make a decision in the person's best interest.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant 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

- One person told us staff treated them well because they were gentle when they supported them and kind when they spoke with them. Another person smiled when staff interacted with them and confidently engaged with them.
- Staff interactions with people were positive and encouraging. People spent time as they wished; the atmosphere was calm and friendly.
- Staff spoke kindly and patiently with people throughout the day. People were relaxed and settled in their interactions with staff.
- Care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff told us about people, their support needs, likes and dislikes without the need to refer to care plans. Staff had received training about equality and diversity and there were policies and procedures to support this.
- Staff helped people to keep in touch with their family and friends and organised social events in the garden, at the home and other services owned by the provider. One person spoke excitedly about a birthday party they were going to later that day; the provider had booked a venue at a local pub.
- One person had been supported following the passing of a close family member. The registered manager particularly kept in touch with the person's family making opportunities for regular visits and outings.

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

- People's preferences and choices were clearly documented in their care records. This included how people preferred to be supported, their daily personal care, preferred name and preferred daily routine.
- People decided how they wanted to be supported. The registered manager had assessed each person's ability to do things for themselves and the levels of support they needed.
- One person told us they were involved in making decisions about their daily care. For example, they chose what they wanted to eat, whether they wanted a bath or shower and what activities they wanted to do.
- Information about advocacy services was available. Advocates, if needed, help people to access information or services and be involved in decisions about their lives and promote people's rights.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was actively respected. Staff were sensitive and discreet when offering support to people, for example, when reminding a person if they may need to use the toilet.
- Staff told us how they protected people's dignity, giving examples of covering people with towels, only leaving the area exposed which was being washed.

- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- Some people carried out tasks independently, such as eating, drinking and washing, but staff were nearby to help if it was needed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in the service was available in a variety of formats to meet people's communication needs. For example, information and surveys were provided in easy read format and large print.
- Where people used Makaton or other communication methods, staff used these to explain things to people and find out what they thought about the support they received.
- Pictorial activity and menu planning boards helped people communicate what their choices were.

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

- People received support based around their needs, choices and preferences. Each person had their own individual care plan which detailed the support they needed. Staff were knowledgeable about how to provide the support people wanted.
- Care plans were regularly reviewed and any changes were updated immediately.
- Care plans were written with people, taking into consideration information and advice from family members and health professionals such as specialist nurses, occupational and physiotherapists.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities of their choice, often on a one to one level. Staff shifts patterns considered people's activities and were changed when needed to accommodate them. This provided consistency of support for people, for example, if they wanted to go out for a full day.
- People were encouraged to participate in a range of activities. They chose activities inside and outside of the service and in the local community. These included aroma therapy, massage, exercise classes, listening to music, karaoke, watching wrestling as well as going to various day centres, discos, swimming and trips to the shops and bank.
- People were supported to travel, some having been on holiday and to see their families. Staff arranged BBQs for people to which the local community and people from other services were invited.
- Family and friends who were important to people were clearly shown in their care plans as well as the roles they played in people's lives. This helped staff understand people's support networks and their relationships. This helped people to maintain family bonds and friendships which were important to them.

Improving care quality in response to complaints or concerns

- The complaints procedure explained to people what to do if they wanted to make a complaint. It contained information about how a complaint would be dealt with by the manager and provider as well as signposting people where to take their complaint if people were not satisfied with the response. Such as the Local Government Ombudsman.
- Staff were familiar with the complaints process and told us how they would support some people if they needed to complain.
- There had been no complaints since the service registered.
- Staff proudly kept records of compliments received. These included, "It is lovely to see [person's name] has such a fulfilled life."

End of life care and support

- No one at the service was being supported with end of life care.
- Staff discussed people's religious preferences with them and had discussions with some people and their relatives to develop end of life plans. These included where people would prefer to receive end of life care and if they wanted any particular readings or music.
- Some people had funeral plan arrangements in place.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was an effective quality system in place to identify any shortfalls in the quality of the service.
- Accidents and incidents were clearly recorded and received oversight from the provider and registered manager. Risks were assessed and documented, they were reviewed by the registered manager and measures taken to reduce the risk occurrence.
- The registered manager had informed CQC of significant events that happen within the service, as required.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the providers website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. Since this was the first inspection following registration a rating had not been awarded. However, we discussed this with the registered manager, they were aware they must display their rating certificate when received.

Provider plans and promotes person-centred, high quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- There was an open and transparent culture within the service. People and staff told us they could contact the management team at any time and felt supported.
- A charter of support set out the values and behaviours expected from staff. These were discussed with staff during supervisions to ensure they were fully demonstrated by staff.
- Staff felt the culture at the service was transparent and open. People using the service and feedback the service had obtained from relatives showed us they thought the service was well led.
- The provider frequently visited the service. We were told they knew people by name, were aware of their support needs and were instrumental in sourcing and delivering the support required.
- Staff discussed people's support at handover each morning and were kept informed of any changes.

Engaging and involving people who use the service, the public and staff

- The service had developed pictorial questionnaires to help enable people to express their views. Staff met with people on a regular basis to ask their opinion on the quality of the service and any suggestions they may have. Most suggestions centred around activities and menu planning; people were happy that these reflected their choices and wishes.
- Addition surveys gained the views of stakeholders, people's families and staff. The provider had analysed survey results for the previous year. The results were positive and any suggestions made had been put in

place.

- Staff attended regular meetings to discuss their practice, keep up to date and make suggestions.

Continuous learning and improving care; working in partnership with others

- The management team attended in-house and external local forums with other registered managers to keep up to date with any changes and continue to develop best practice. This included courses provided by Skills For Care, a strategic body for workforce development in adult social care in England.
- The registered manager was elected as Chair of the local Registered Managers Network Group and regularly attended networking conferences.
- The registered manager and provider had worked extensively with health and social care professionals.
- The service worked closely with other agencies including the local authorities community learning disability nurses and mental health services.