

Parkcare Homes (No.2) Limited

Manor Field

Inspection report

Bridge Street
Weldon
Corby
Northamptonshire
NN17 3HR

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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

Manor Field is a six-bedded specialist autism service situated in the village of Weldon near Corby, Northamptonshire. Accommodation consists of three self-contained apartments, two ensuite bedrooms, and additional communal areas. At the time of our inspection there were four people using the service.

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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

The home had a calm and homely atmosphere and people appeared comfortable and happy. High staffing levels meant people could take part in a wide range of activities and go out every day if they wanted to.

Relatives made many positive comments about the home and the quality of the care provided. One relative said, "The whole purpose of the place is to make the people who live there happy. That is why we chose this home."

Staff supported people to maintain close relationships with their relatives.

People and staff got on well together. Staff interacted with people in a positive and respectful way, anticipating their needs. The staff were proud of the people who lived at the home and celebrated their achievements.

People were safe at the home and protected from harm. The home was designed so people had the personal space and privacy they needed. The home was clean and well-maintained throughout.

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.

Staff were well-trained. They attended essential and specialist training courses to ensure they had the knowledge and skills they needed to support people effectively. They worked closely with the provider's positive behaviour therapist to plan and implement personalised care plans for people.

The home was well-led and the registered manager and staff team were caring and approachable. People, relatives, and staff shared their views on the home and contributed to the way it was run. The registered manager and provider carried out regular audits of all aspects of the home to ensure it continued to provide high-quality care.

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

Rating at last inspection

The last rating for this service was Requires Improvement (based on an inspection on 22 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Manor Field

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

Two inspectors carried out the inspection.

Service and service type

Manor Field is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We looked at the information we held about the service, which included the provider's statement of purpose any notifications that the provider is required to send us by law. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We used this information to plan our inspection.

During the inspection

We spoke with one person using the service. We observed staff interactions with people. We spoke with three relatives by telephone. We spoke with the registered manager, deputy manager, and two support workers. We reviewed a range of records including staffing, care plans, and quality audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection the service was not always safe because some staff had not had the training they needed to follow the instructions in risk assessments to safely manage people's occasional distress.
- At this inspection improvements had been made and all staff had been trained in positive behaviour support. Staff knew how to minimise the use of physical interventions and instead use behaviour support strategies based upon on people's needs, characteristics and preferences.
- People had detailed and comprehensive risk assessments that staff were familiar with. Staff knew how to respond appropriately using a range of positive options to keep people safe.
- The provider's positive behaviour support practitioner was based at the home three-days per week and worked closely with people and staff to develop strategies to avoid the risk of harm. The practitioner also reviewed records of staff interventions to ensure these were done safely and correctly.
- Relatives told us staff managed people's complex needs safely. A relative said, "[Person] is very complex but staff are prepared for this and are going out of their way to make sure the support they provide works for [person]."
- Staff used caring and gentle approaches if people became distressed. For example, a staff member said, "When [person] is distressed we distract them by stroking their hand. If that doesn't work, and they want to be left alone, we back off. But we check on person every ten minutes to ensure they are safe."
- People had evacuation plans in place in case they needed to leave the home in an emergency. These were personalised, for example, one person's stated, 'Get [person's] attention using Makaton [a sign language] as [person] is non-verbal.'

Systems and processes to safeguard people from the risk of abuse

- People were safe at the home and protected from harm. A relative said, "I have absolute peace of mind knowing [person] is safe and happy at the home."
- Staff said they would immediately report any safeguarding concerns to the registered manager or person-in-charge who staff said would immediately act to keep people safe. Staff also understood how to raise any safeguarding concerns with external agencies.
- Records showed appropriate action was taken in response to safeguarding concerns and the relevant authorities informed.
- The home had a safeguarding lead who ensured the staff team were up-to-date on their safeguarding responsibilities
- Staff could contact the provider directly about safeguarding concerns using a dedicated anonymous whistleblowing telephone line.

Staffing and recruitment

- There were enough skilled and competent staff on duty to meet people's needs in the home and on trips out and activities in the community.
- Staff told us the staffing levels were good and meant they could always provide personalised care and support to ensure people lived full and active lives.
- The registered manager regularly reviewed staffing levels and adapted them to meet people's changing needs.
- Records showed people had one-to-one, two-to-one and sometimes three-to-one staffing as necessary to keep them and others safe in all situations.
- Staff were safely recruited to ensure they were suitable to work with people who use care services.

Using medicines safely

- At the time of our inspection staff were dealing with a medicines error. This had not originated in the home. Staff took appropriate action to ensure the person affected was safe, including seeking advice from a healthcare professional.
- Staff were trained in the safe handling of medicines and their competency to administer medicines assessed. Their training had recently been updated due to the home's contract pharmacist supplying medicines in different packaging.
- Staff advocated for people to help ensure they got the medicines they needed. For example, one person had recently had their medicines changed and staff were liaising with a healthcare professional to ensure the new medicines were right for the person.
- The use of PRN ('as required') medicines was closely monitored to ensure they were used appropriately. Staff followed clear written instructions as to when these should be given and recorded the reasons and circumstances each time they were used.

Preventing and controlling infection

- The home was clean, tidy and fresh throughout. Staff followed daily and nightly cleaning schedules.
- Staff were trained in infection control and used personal protective equipment to help prevent the spread of infections.
- The deputy manager carried out monthly infection control audits to ensure the home was always clean and hygienic .

Learning lessons when things go wrong

- Senior staff recorded accidents and incidents and reported them to the provider and external agencies where necessary. Accidents and incidents were reviewed, and lessons learnt to prevent reoccurrences.
- Following an incident, the layout of the home was changed to give people more private space. In addition, the office was moved so the registered manager, deputy manager and positive behaviour support practitioner were better placed to assist in the event of an incident.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection, not all required staff training and supervision was in place or up-to-date. At this inspection this had been addressed and all staff had had the training and supervision they needed to enable them to provide effective care and support.
- Staff were satisfied with the amount of training and support they received. A staff member said, "The staff training has improved a lot. The new [registered] manager is very professional and supportive and makes sure we are properly trained."
- As well as general mandatory training, staff had intensive, specialised training to meet people's complex needs. For example, staff were booked to have 'intensive interaction training' to look at different ways of distracting a person if they became distressed.
- Training was provided in-house and by external professionals as needed. For example, staff were trained by the local authority to administer oral epilepsy medication.

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

- People were thoroughly assessed before coming to the home to ensure staff could meet their needs. Staff liaised with the person, relatives, and health and social care professionals to get a full picture of the support the person required.
- Care and support was delivered in a non-discriminatory way that respected people's individual needs. Staff regularly reviewed people's needs, and updated risk assessments and care plans as necessary.
- Staff understood that moving into the home could be an unsettling time for people and went out of their way to support people with this. A relative said, "I am absolutely thrilled at how well [person] settled in. The staff did everything they could to make things work."

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

- People's nutritional needs were identified and met. If people needed additional support with their diet, staff referred them to healthcare professionals. For example, staff observed one person having difficulty swallowing so referred them to the speech and language therapy (SALT) team.
- Staff sat with people at mealtimes to encourage them to take their time and enjoy their meals. People had choices at every meal and a range of healthy snacks and fruit between meals.
- If a person needed to lose weight, staff supported them. For example, they supported one person to shop online temporarily to avoid the sight of unhealthy food on display in shops. This approach was helpful to the person and resulted in them achieving a healthier weight.
- Staff understood that some people's medicines made them feel hungry and they encouraged them

choose healthy snacks at these times.

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

- People received effective dental care. Staff supported them with regular teeth cleaning and they saw a dentist who staff said was skilled at putting them at ease.
- Staff used a 'distress assessment tool' to understand if people were in pain. They understood the way people communicated pain and ensured they received prompt healthcare for any infections or illnesses.
- People's vision was monitored, and an optician came to the home if people needed eyecare. One person had new glasses following the optician's visit.
- People were registered with a local GP who was recommended to the home as working well with people with learning disabilities. Staff said the GP provided people with good, personalised healthcare.
- Some people had regular appointments with psychiatrists, neurologists, and other healthcare specialist which staff accompanied them to.
- Staff advocated for people. For example, one person showed signs of pain and staff ensured they were seen by a GP to get to the bottom of why this was. Eventually the source of the pain was discovered, and the person had an operation which resulted in them being pain-free.

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

- The interior of the home was purpose-designed, homely and modern. Fittings and furnishings were safe and comfortable.
- One person was unwell, and staff made temporary adjustments to their flat to maximise their safety. The kitchen area was closed off and some items removed to reduce the risk of the person or staff being injured. The registered manager said this was a temporary arrangement and once the person recovered, their flat would be put back to normal.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were.

- If people were assessed as not having the mental capacity to make specific decisions staff consulted with their relatives/representatives/advocates to represent their interests in accordance with the MCA.
- Staff supported people to make choices on how they lived their lives. For example, one person enjoyed a daily soft drink and snack which was not ideal from a nutritional point of view. Staff assessed the person as having the capacity to decide that, even though it wasn't particularly good for them, they would continue to have this drink/snack as they enjoyed it so much.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- We received a warm welcome at the home from the registered manager and one of the people using the service. The atmosphere was calm and homely. People appeared comfortable and happy.
- People had trusting relationships with the staff. Staff knew people well and interacted with them in a positive and respectful way, anticipating their needs.
- Staff took pride in people's progress at the home. A staff member said, "I am super-proud of [person] for learning new [Makaton] signs and doing new things!" Another staff member said they were 'over the moon' because a person had just made a meal for the first time.
- Staff supported people to maintain close relationships with their families. A relative said, "The home is some distance away from us, but the staff bring [person] to meet us halfway which is lovely and very caring of them."
- When one person was invited to a family wedding staff helped them choose a suitable outfit, taught them to dance, and accompanied them to the wedding.
- A relative said staff were good at keeping in touch with them and letting them know how their family member was progressing. They said, "I ring them every day and if I don't, they ring me. It's so reassuring to have that contact and know how [person] is."
- Staff supported a person to attend church and be part of the local community. A staff member said, "If you go to the village with [person] they say 'Hello' to everyone and local people are getting to know [person] and say 'Hello' back. [Person] loves this."

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

- Staff used a variety of communication methods to enable people to make decisions about their care, support and lifestyles. For example, one person needed new bedlinen, so staff printed off pictures of different bedlinen sets so they could choose the one they wanted.
- Staff positively welcomed the involvement of families, professionals, and advocates and recognised their contribution to people's decision-making processes. A relative said, "I'm very hands on and want to be involved and the staff have facilitated this. The staff do their best to accommodate everything I suggest. They know how well I know [person] and want to learn from that."
- Relatives received regular newsletters from staff letting them know about events at the home and what their family members had been doing.

Respecting and promoting people's privacy, dignity and independence

- People were treated as individuals and staff respected their preferences and needs. These were identified

in personalised care plans and updated monthly to ensure they were being met.

- People liked having their own private accommodation at the home. For example, a staff member said, "[Person] has got a proper 'man-pad' which is just right for them. We go in and see [person] making themselves a coffee They are so much more independent now they have their own flat, and happier too.
- The provider's eight-point 'Charter for Mutual Respect' set out the basis for caring and respectful relationships between staff and people. The Charter was displayed in the home and included points such as 'Treat everyone with respect, dignity and kindness' and 'Listen to others.'

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans which recorded how they wanted their care and support provided, and their likes, dislikes, family histories, and interests. A person told us they were happy with how staff assisted them with their personal care.
- People and relatives were involved in writing and developing care plans. Care plans were continually reviewed and updated as people's needs changed.

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.

- The registered manager was aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand.
- Staff were trained in Makaton [a sign language] and used this and other methods of communication, for example picture cards and objects of reference, to communicate with people.
- Staff understood the different ways people communicated. For example, a staff member said one person made 'happy and sad sounds' and used body language to let staff know what they wanted.

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

- People led full and varied lives and took part in a wide range of activities in the home and in the wider community. Most people who wanted to went out every day, either on foot or by car.
- Staff encouraged people to be fit and active. For example, they devised an outdoor activity for one person that motivated them to have a healthy walk with tea and cakes at the end.

Improving care quality in response to complaints or concerns

- The home complaints procedure was available in standard and easy read formats and displayed in the home.
- Relatives said if they had any complaints they would speak with the registered manager or another member of staff. A relative said, "If there was a problem I'd just pick up the phone and call the home."
- Staff advocated for people. A staff member said, "If a person was unhappy about something I would tell the [registered] manager and we'd involve their family to find out what was wrong."

End of life care and support

- At the time of the inspection there was no-one at the home who required end of life care.
- The home had end of life policies and procedures in place to ensure people's needs were met if they needed this type of support.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection staff training monitoring systems had failed to identify that some staff training was not up-to-date, and it was unclear what courses some staff had completed.
- At this inspection the registered manager had implemented a robust system to accurately record the courses staff completed, when they completed them, and when they were due for renewal. This meant the registered manager and provider had sufficient oversight of staff training to ensure staff at the home were suitable for their roles.
- There was a new registered manager in post who understood their regulatory requirements. They told us, "I read the previous report and I knew exactly what to do." The register manager reviewed all areas of the home and made changes and improvements where necessary to ensure people were receiving high-quality care and support.
- The provider's operations director supervised the registered manager. They visited the home and were in regular contact by phone and emails and was available when needed for advice and support.
- The provider's quality assurance lead carried out regular audits of care and support, health and safety, and finance to ensure the home was providing a good service to people.
- The registered manager worked alongside staff on different shifts and knew people and staff well.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People achieved good outcomes at the home, growing in independence and self-worth. A relative said, "It's amazing how [person] has improved since they've been at Manor Field. They were in a sorry state when they arrived, due to poor care in another home, but it didn't take long for them to bounce back and regain their confidence."
- The registered manager and staff saw the potential in the people they supported. A relative said they had chosen the home because, "The staff see [my relative] as a person not a problem."
- Staff complied with the provider's 'Positive Culture Pledge' which set out how its homes must ensure people receive high-quality care. This included staff being open, honest and transparent in the way they conducted themselves at work.
- Staff cared about the people they supported and enjoyed their company and unique personalities. A staff member said, "They give back so much. For example, if you're feeling blue spend five minutes with [person] and they will cheer you up and make you laugh so much."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were open and honest with people. A relative said, "The [registered] manager and all the staff are excellent and we trust them with our [family member] We have no concerns whatsoever about the home."
- Staff followed the provider's policies and procedures when incidents and accidents occurred and reported them to the appropriate authorities.
- Relatives were informed of any issues that related to their family members' safety and well-being. The home's CQC rating was displayed on the provider's website and in the home.
- Staff said the registered manager listened to them and took prompt action if required. A staff member said, "If I had any concerns [about people's well-being] I would take it up with my senior or the [registered] manager. I did raise something once about a staff member's attitude and [registered manager] dealt with it immediately."

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

- People attended monthly 'Your Voice' meetings where they could raise concerns, supported by staff where necessary. Records showed the meetings covered activities, complaints, health and safety. Agendas were pictorial to make it easier for people to see what was being discussed and take part.
- Staff knew which people could speak up for themselves, and which people needed staff, families or advocates to do this for them. A staff member said, "One person complains verbally with no holding back, they say what they think. Others need someone to speak up for them and the staff do that."
- People had the opportunity to take part in the home's annual service user survey which was pictorial and asked people for their views on the cleanliness of the home, menus, safety and privacy, and dignity.
- Relatives completed annual family surveys. The most recent, sent out in June 2018, resulted in positive feedback. For example, a relative wrote, 'Everything at the home goes beyond our expectations. I could not be more happy leaving my [family member] in the care of everyone at Manor Field.'
- Staff shared their views on the home in surveys, meetings and supervision sessions. They said the registered manager and provider listened to them. A staff member said, "We work as a team here and we all support each other."
- Managers and staff respected people's and each other's cultural differences and diversity. A diversity poster was displayed in the kitchen to highlight the importance of this.

Continuous learning and improving care

- The provider was turning a room, previously used as an office, into an activity room for people to use. This was to be equipped with a range of sensory equipment which people would help to choose.
- People had new care plans for their specific goals and aspirations, so staff could support them to achieve these.
- Staff had introduced a 'You Said We Did' board where they could demonstrate they had listened to people and acted on what they said. For example, one person wanted to celebrate Halloween, so staff accompanied them to a Halloween party and put photos on the board to show they had been.

Working in partnership with others

- The registered manager and staff worked in partnership with GPs, consultants, and other health and social care professionals to ensure people had the support and services they were entitled to.
- Staff liaised with external health professionals so that people would be well-received and understood when they visited services in the wider community. For example, they liaised with a dentist and chiroprapist prior to people's appointments to ensure people received a personalised service that met their needs.

