

Review of compliance

Anchor Trust Manor Court	
Region:	South West
Location address:	257 Blandford Road Efford Plymouth Devon PL3 6ND
Type of service:	Care home service without nursing
Date of Publication:	March 2012
Overview of the service:	<p>Manor Court is registered to provide accommodation and personal care for up to thirty-seven people, over the age of 60, who may also have physical disabilities and/or dementia. The home cannot provide nursing care.</p> <p>The home is owned by Anchor Trust, a national voluntary sector organisation and was opened in 1990. It is a purpose</p>

	built, two storey building situated in the residential area of Efford, close to local shops and amenities with public transport is easily available.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Manor Court was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 December 2011, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

On the day of our visit the care manager (deputy manager) was on duty at the home and they showed us around the home and answered any questions we had.

People that we spoke with confirmed that staff always treated them with respect. We heard staff speaking with people in a kindly, friendly way.

Two of the people we spoke with knew they had care plans, one was not interested in them and the other said they had been consulted about theirs. People living at the home told us that the doctors and district nurses that visited were very good.

People told us that they liked living at the home because "I can still have a modicum of independence" and "It affords me the help I need". People also told us that the food was "sometimes good and sometimes not so good" and another said it was, "alright - not anything special, but the homemade pasties today were very nice".

People living at the home praised staff and told us, "staff care for me well", "staff are very good" and "(I) can't knock staff for anything, they are always polite and helpful".

What we found about the standards we reviewed and how well Manor Court was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People living at Manor Court are able to make decisions about their life, whilst having their rights and views respected.

Overall, the provider is compliant with this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Although everyone who lives at the home has a care plan that sets out their needs they do not always contain up to date information.

Overall, improvements are needed for this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Procedures are in place to ensure abuse is prevented, recognised, reported and managed appropriately.

Overall, the provider is compliant with this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The building is well equipped to meet people's needs and keep them safe.

Overall, the provider is compliant with this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The numbers and skill mix of staff on duty are generally sufficient to meet the needs and numbers of people currently living at the home.

Overall, the provider is compliant with this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The home critically assesses the quality of the service in order to drive improvements.

Overall, the provider is compliant with this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

On our visit to the home we spoke with staff and the people living there about the ways in which people were involved in the services they received. We spoke with two people living at the home in private and two others together. We also sat in the lounge for some while chatting with people in a group and observing the interactions between them and staff.

Staff told us that people were encouraged to make their own decisions, especially in relation to how they received the care they needed. We heard people being offered choices about how they wanted to spend their time. We saw information about this recorded in people's care plans. We were told by the care manager that people could be involved in drawing up their care plan if they wished. Two of the people we spoke with knew they had care plans, one was not interested in them and the other said they had been consulted about theirs.

We saw staff promoting people's independence with regard to their mobility, eating and drinking. All of the people seen during this visit were treated with respect by the staff and their right to privacy was upheld. Staff told us how they respect people's privacy when helping them with personal care needs and we heard help with personal care being offered in a discreet manner. We heard staff speaking with people in a kindly,

friendly way. People that we spoke with confirmed that staff always treated them with respect. Staff were seen knocking on bedroom doors before entering, which showed that staff considered people's bedrooms to be their private and personal space.

The care manager (previously titled deputy manager) told us that regular meetings were held where people living at the home and their representatives could raise any issues they may have.

We were told by some staff that they had received training about the Mental Capacity Act (MCA) which is in place to ensure everyone has the right to make their own decisions unless it is proven it is not in their best interests to do so.

Other evidence

No other evidence was needed to make a judgement on this essential standard.

Our judgement

People living at Manor Court are able to make decisions about their life, whilst having their rights and views respected.

Overall, the provider is compliant with this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

While we were at the home we spoke with staff and people living at the home about the care and support they receive. We spoke with two people living at the home in private and two others together, and spent time observing the care being delivered to individuals, as some people were not able to discuss the care that they received. We also looked at some care records and spoke with staff to see how people's care was planned and delivered.

We looked at the care records of three of the people who lived in the home to find out how the home had assessed each person's health and personal care needs, and how they planned to meet those needs. Each person had a care file that contained a wide range of documents relating to their care and support needs. However these were rather large files and it was difficult to see a clear process through assessment, care planning, risk assessments and guidelines to staff on how to meet people's needs.

Also some of the information had not been reviewed for some time. For example we saw a nutritional risk assessment that had not been reviewed since December 2010 and a care plan that had not been reviewed since April 2010. The care manager told us that Anchor had identified that improvements were needed and they were in the process of changing the system. We saw that some sections of the care plans had been signed by some of the people they related to and one person told us they had been asked for their view about their care plan. However, there was little evidence that the plans had been developed with people living at the home.

Information about visits from and to health care professionals had been recorded in individual care plans, showing clear evidence that people were supported to maintain access to specialist medical services such as GPs and district nurses. People living at the home told us that the doctors and district nurses that visited were very good.

Staff told us that they found the care plans very useful and 'essential' for keeping up with any changes to the care people living at the home required.

People told us that they liked living at the home because, "I can still have a modicum of independence" and, "it affords me the help I need". However, we received mixed comments about the numbers of staff available, one person said, "(there are) never enough staff around (at mealtimes)" while another said, "they (staff) do whatever I ask without me having to wait too long" (see also Outcome 13).

People told us that there were generally activities available for them to participate in and we saw an activities list for November displayed around the home. The home employed an activities co-ordinator for 30 hours each week. They were on annual leave on the day of our visit, but the care manager told us that that lots of people participated in the group activities such as baking and crafts. They also said that the activities co-ordinator spent time working individually with people who did not want to join in the group sessions.

People living at the home also told us they enjoyed spending time in their rooms reading and watching TV.

We received mixed comments about the quality of the food provided with one person told us it was, "sometimes good and sometimes not so good" and another said it was, "alright - not anything special, but the homemade pasties today were very nice". People did tell us that there was always a choice if they didn't want what was on the menu. The care manager told us that they always did their best to give people what they wanted and that they now provided more cooked breakfasts in response to requests for these.

Other evidence

On the day of our visit we spoke with a visiting Community Psychiatric Nurse (CPN) who praised the staff and the care they were giving to the individual they had visited. The CPN told us that the person they visited had improved a great deal since being admitted to the home.

Our judgement

Although everyone who lives at the home has a care plan that sets out their needs they do not always contain up to date information.

Overall, improvements are needed for this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

During our visit we saw staff interacting with people in a respectful and caring way. People told us that they would talk to the staff, manager or their families if they were unhappy about anything. We saw staff interacting with the people they support and providing opportunities for discussions. The staff listened to people's views and provided advice and guidance when appropriate.

Staff that we spoke with told us that they had received training on safeguarding people and they were able to tell us about different types of abuse and what they would do if they suspected abuse was occurring. Staff were aware of Anchor's policies and procedures in relation to safeguarding people.

We discussed the management of people's monies with the administrator and saw that small amounts of money were held in order that people can pay for toiletries, hairdressing and chiropody. We saw that appropriate records were kept and all transactions were overseen by two members of staff.

Other evidence

No other evidence was needed to make a judgement on this essential standard.

Our judgement

Procedures are in place to ensure abuse is prevented, recognised, reported and managed appropriately.

Overall, the provider is compliant with this essential standard.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

The home had recently undergone some refurbishment, including new double glazing, new signage and a 'dementia friendly' lift, which had clear signage, a clock and will play music. A safe garden had also been made available to people living at the home. The garden was level throughout and had some raised borders. We were told that people living at the home had helped plant some fruit trees and had picked the fruit and that the cook had made pies with it.

Some bedroom doors had bells fitted and all doors had letter boxes and locks fitted. All bedrooms had a small kitchen area and ensuite facilities. We saw that people's bedrooms had been personalised and people told us that they could bring in any items they wished in order to make them feel at home. The care manager told us that the home was due for full internal redecoration next year.

We saw a wide range of aids and adaptations around the home to help staff meet the mobility needs of people that live at the home. One of the people living at the home told us they liked the building as it allowed them, as a wheelchair user, to be a "little bit independent".

Other evidence

No other evidence was needed to make a judgement on this essential standard.

Our judgement

The building is well equipped to meet people's needs and keep them safe.

Overall, the provider is compliant with this essential standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

During our visit we were able to talk to staff and observe them while they provided care and support to people who lived at the home. We also looked at the ways that staff who worked at the home were trained and supported. We heard staff speak with people in a kind and respectful manner and we saw them respond promptly, discretely and sensitively to people when they asked questions or needed help. People told us, "staff care for me well", "staff are very good" and "(I) can't knock staff for anything, they are always polite and helpful".

The care manager told us about staffing levels. She said that during the mornings there were five care staff on duty plus a manager and ancillary staff such as kitchen staff and domestics. She also told us that during the afternoon there were four care staff and a manager on duty, and there were three staff awake each night. The care manager told us that on the day of the visit there were 30 people living in the home and of these about 10 people had some degree of dementia. We received mixed comments from people living at the home about whether there were always enough staff on duty (see also Outcome 4). Some people felt that at times there were not enough staff. Staff told us that they often felt 'stretched' especially when the home was full and that extra staff would enable them to spend more time in individual situations with people living at the home.

Concerns had been raised with the Commission in relation to the care people living at the home received at night. We found no evidence to support the concerns that had been raised.

Staff told us that Manor Court provided staff with a thorough ongoing training programme, which included mandatory training such as First Aid, Food Hygiene and Health and Safety as well as additional specialised training which related more directly to the individual needs of people who lived in the home such as dementia. Staff confirmed that they had received training that helped them meet the needs of people living at the home and were able to tell us how the dementia training they had received helped them work with people who may have a dementia type need.

Staff that we spoke with demonstrated a good awareness and understanding of people's needs. They were able to describe people's personal preferences in the way they received care as well as displaying a good knowledge of their individual needs. The people we spoke with who were able to give us an opinion told us that the staff had the skills they needed to look after them.

Staff told us that the managers and other staff were very supportive. They told us that they received regular supervision and felt supported to do a good job. One staff member told us that their views were always listened to if they raised concerns or made suggestions.

Other evidence

No other evidence was needed to make a judgement on this essential standard.

Our judgement

The numbers and skill mix of staff on duty are generally sufficient to meet the needs and numbers of people currently living at the home.

Overall, the provider is compliant with this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The care manager told us there was a system in place to ensure that they undertook regular checks on the quality of the services being provided. These included gathering information via monthly questionnaires from the people who lived in the home (and people who supported them) to ensure they were happy with the service they received. Questionnaires were also sent out to visiting professionals for their opinion on the service provided. Information was then gathered and the registered manager then identified any areas for improvement.

The care manager told us that Anchor had a Care Specialist Team that would visit the home if concerns were identified in order to ensure matters were rectified. Also that a manager from Anchor visited the home monthly to chat with staff and people living at the home.

Regular meetings are held for people that lived at the home (and people who support them) so that they could discuss any concerns they might have. We were told that these meetings were also a time when people could discuss what they would like on the menus.

Other evidence

No other evidence was needed to make a judgement on this essential standard.

Our judgement

The home critically assesses the quality of the service in order to drive improvements.

Overall, the provider is compliant with this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns: Although everyone who lives at the home has a care plan that sets out their needs they do not always contain up to date information.</p> <p>Overall, improvements are needed for this essential standard.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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