Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Manor Court

257 Blandford Road, Efford, Plymouth, PL3 6ND

Tel: 01752768425

Date of Inspection: 07 May 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Anchor Trust
Overview of the service	Manor Court is registered to provide accommodation and personal care for up to thirty-seven people who may have physical disabilities and/or dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We met seventeen people who used services, spoke to ten relatives, two visiting professionals, talked with the staff on duty and checked the provider's records. We also spoke to the newly appointed unregistered manager. One person using the service said, "We see the (unregistered) manager every morning". We looked at surveys sent out and returned to the home for further information.

We saw people's privacy and dignity being respected at all times. We saw and heard staff speak to people in a way that demonstrated a good understanding by staff of people's choices and preferences. One relative said, "The staff have been so helpful".

Staff were clear about the actions they would take should they have any concerns about people's safety.

We looked at care records for three people. We spoke to staff about the care given, looked at records related to them, met with them and observed staff working with them. Both visiting health professionals we spoke with confirmed that the staff at the home were helpful by assisting them with people.

We saw that people's care records described their needs and how those needs were met. We saw that people's mental capacity was assessed to determine if they were able to make particular decisions about there lives.

As part of the quality monitoring system, people who lived in Manor Court were sent surveys to complete. These surveys asked their views of the home to show that peoples view were important to Anchor Care.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People privacy and dignity was respected. People views and experiences were taken into account in the way the service was provided and delivered in ration to their care.

Reasons for our judgement

Our inspection of October 2012 found that the people's dignity and independence were not always respected and people were not involved in their care. People's views and experiences were not always taken into account in the way the service was provided and delivered in relation to their care. However, this had been recognised and there were plans to address it. The provider wrote to us and told us how they had improved.

One person told us "They (the staff) are lovely and so helpful" and a relative said, "They always keep us informed about dad".

We saw that the staff cared for people as individuals. They were able to tell us about people's needs and why particular care was provided to each person. Examples included one person, who spent a lot of time in bed due to their deteriorating health, needed a great deal of assistance. We observed that staff offered this person regular assistance and reassurance, which included assistance with meals and drinks. A health care professional stated that this person was well cared for and all charts appropriately completed. This helped to ensure that this person's health was monitored closely.

The atmosphere in the home was friendly and busy, with staff going about their duties with a minimum of noise and disruption. This included an activities coordinator arranging sessions during our visit with many people wanting to take part. The activities coordinator stated that the number of people attending the sessions had increased with many more people joining in. This helped people who may become isolated and stay in their rooms.

We saw that the staff treated people in a friendly and respectful way and were attentive and quick to recognise when people needed assistance or reassurance. People said they did not have to wait long for call bells to be answered. Whilst observing people having lunch during our visit to the home, we saw several staff members sitting beside people to assist them with their meals. This was considerate and respectful.

We spoke to seventeen people who lived in the home, and most were able to say they felt

in control of their lives and were able to make their own decisions and choices. Each person had their mental capacity assessed to encourage people to make every day decisions about their lives. One person said, "Things are so much better, I see the manager everyday and she comes to ask us if we are all right". A relative said, "She (the manager) always makes time to speak to us when we visit".

Everyone we spoke with said that they had a high opinion of the staff team and the new manager and comments included, "They are helpful" and "They are always kind to me". We observed someone who had recently moved into the home struggling with settling in and where to sit at lunchtime. Staff were observed assisting this person and providing reassurance with the choices of meals on offer and where they would like to sit. This showed staff helped to reassure people who were new to residential care.

We saw that people had their needs assessed prior to moving into the home. This was so that the service could ensure that they were able to meet individual care needs. This included people's previous history of medical conditions or illness, how to assist someone if they became confused or unwell, and how to manage people's confused behaviour. Updates were carried out when needed in particular for people with a diagnosis of dementia.

Risks were assessed, recorded, and action taken to minimise them whilst recognising the individuals' right to take informed risks. The care records showed liaison with other agencies including the district nurses and GPs for advice and support, to ensure people's best interests were served.

We spoke with two visiting professional's. They both spoke highly of the home, the new unregistered manager and of the staff team. One said, "There have been major improvements". This was in reference to the previous report that highlighted concerns over the lack of agreed information in care plans and the involvement of people in drawing up and agreeing these plans. One professional said of the staff team, "They will assist me and do the jobs requested, for example change dressings".

We were able to speak with family members during our visit and people living in the home were able to tell us they had visits from their family and friends. We saw the main meal being served and positive interaction between the staff and people taking place, including people being supported to eat their meal.

The new care plans were being completed and held information from individuals about their wishes for end of life care. The staff were currently undertaking training course's on how best to care for people who were at end of life care. People could be reassured that their wishes were listened to and staff were trained to care for people who required it.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Our inspection of October 2012 found that the people in the home did not always experience care, treatment and support that met their needs and protected their rights. People were placed at risk due to people's care plans not reflecting all current needs. However, this had been recognised and there were plans to address it. The provider wrote to us and told us how they had improved.

People said they were very happy with the care and support that was provided to them by the staff in the home. People also told us that the staff were helpful; they were always treated with respect, and were happy with the personal care provided.

We saw that care was unhurried. People looked relaxed and there was a friendly rapport between them and the staff team. This included a discussion about the lunch that was served and the activities planned for after lunch. One person had become forgetful and upset and the staff were patient and provided reassurance. This was done with kindness and understanding.

We spoke with ten relatives who all spoke highly of the home. One person said, "We are always kept informed about any changes" and another said, "I can't fault the home or staff - excellent".

The home used a local doctor's surgery and healthcare professionals visited regularly. Both visiting health professionals spoke positively about the care being provided at the home and about the good working relationship with staff. They told us they visited the home regularly and now have no cause for concern. This was in reference to the previous inspection raising concerns over people's care and treatment.

We looked at three people's care records and saw that they had suitable care plans in place. This information provided staff with clear instructions on how to manage people's care and welfare.

The home had started to use a new format of care plans and these provided clearer information for all staff. One new care plan had not been completed in full at the time of our inspection, however information was held on this person's file in the old format should

it be needed. Staff had also received training on how to complete care plans.
The unregistered manager and a senior staff member audited the care plans each month to ensure all were updated, completed in full and with the new formats so that no information was missing. This provided the staff with up to date relevant information.

We saw that people's weight was monitored and action taken to address any changes identified. Each person had their end of life care wishes recorded on their care plan. One document we saw showed it had been signed by the person concerned and discussed with a family member.

Each person had daily records to record information on food and fluid intake as well as monitoring people's well being. People who required additional support to monitor their nutritional needs had fluid and food charts in place. This helped staff to monitor people's wellbeing and report any changes.

We spoke with staff about how they managed people if they became confused or upset. The staff showed they had knowledge of how to cope when people needed reassurance and support. This information was recorded into people's care plans. This helped to keep people safe.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Our inspection of October 2012 found that the people in the home were not always protected from the risk of abuse, because the provider had not taken steps to identify abuse and take appropriate action. Staff information and training was not in place to ensure appropriate action would be taken. However, this had been recognised and there were plans to address it. The provider wrote to us and told us how they had improved.

All the people we spoke with said they felt safe at Manor Court and that they liked living there. People also told us that the staff were kind and caring and, should they have any questions or concerns, the staff and the unregistered manager were approachable. One person said, "She (the unregistered manager) comes to see us everyday". The relatives we spoke with also agreed that they could talk to the unregistered manager at any time. The relatives we spoke with stated that they had not had any concerns and felt their relatives were happy and safe at Manor Court.

We saw that all the staff, including catering, cleaning and caring staff, talked and interacted with people. We observed they were relaxed in their company indicating that there was an open and friendly culture at the home.

The home was under the local authority's safeguarding team due to concerns raised at the last inspection of October 2012. This was closed to the safeguarding team at the time of this inspection because improvements were made to the home, staff team, and a new manager appointed. The staff spoken with confirmed they had completed safeguarding training. This had included catering and housekeeping staff.

The staff knew who to contact if they had any concerns and they were aware that the home had a whistle blowing policy. There was good information displayed for people, such as where to find assistance from other agencies and how to complain. How to contact the Care Quality Commission (CQC) and other helpline details were also shown.

We asked all staff what they should do if they thought abuse might have occurred. Each said they would tell the manager or one of the senior staff, one who was available everyday. Staff confirmed that if necessary, they would take the matter further and contact

the CQC or the local authority to make sure their concerns were followed up.

Manor Court had taken the correct steps to protect people who were not all mentally able to make decisions about their safety and welfare. Some staff demonstrated some knowledge of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS), which protect vulnerable people and uphold their rights.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Our inspection of October 2012 found that the home had placed people at risk due to insufficient staff available to deliver care and treatment safely. However, this had been recognised and there were plans to address it. The provider wrote to us and told us how they had improved.

When we arrived at the home we found the home had 31 people living there. These people were supported by the newly appointed unregistered manager, one care manager, two team leaders, three care staff and ancillary staff.

The rota showed that there were sufficient staff on duty to provide care for the people living in the home. Some people had varying degrees of dementia and other health care issues, and were in need of frequent care and reassurance. The unregistered manager was observed assisting with the care of people in the home. All staff assisted at meal times to ensure people were provided with the assistance they needed and to ensure all meals were served hot and fresh.

Everyone we spoke with including people living in the home, visiting relatives and the staff on duty all agreed that the home had enough staff on duty. People living in the home and the relatives all said they were happy with the quality of staff. We also observed that staff were friendly, confident in what they did, and people responded positively to their assistance, requests and information. People were relaxed and enjoyed the staff's interaction during the meals served at lunch time and the activity sessions held in the main dining area. One staff member said of the new activities coordinator, "She is spot on and will try to get everyone involved", when talking about the sessions arranged.

The staff spoke positively to us about their work and the way the home was run. Particular comments were made about the new unregistered manager. This included, "She is great and always willing to help us" and "She is always available, it's great!" One person said of the unregistered manager, "Absolutely Brilliant!"

All staff said they felt supported and able to ask for help from the unregistered manager or one of the other senior staff. Many of the staff spoken with confirmed that they had received supervision. One new member of staff confirmed they had completed an induction with the support of the other staff and manager. This is needed to ensure that

staff are supported to deliver care which is good practice and of a good standard. One staff member said, "We all feel involved in the running of the home now as we all have team meetings together". This staff said previously the seniors and the care staff would have separate meetings. Another staff member said, "We are a good staff team and work together".

Staff were provided with information about their role and how to perform it correctly. We saw that staff training was encouraged and also included in staff meetings. There was an ongoing programme of training to ensure staff were provided with opportunities to keep up to date and develop their skills and competence.

The home had achieved the "Dementia Quality Mark" which is a locally recognised award for homes that undertake care for people with a diagnosis of dementia. This helps the staff understand and manage the care of people with dementia.

The staff spoken with were pleased with the offer from the unregistered manager to shadow experienced senior staff to provide them with the chance to "improve and grow" within their role in the home.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

Our inspection of October 2012 found that the home did not have effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The provider wrote to us and told us how this would be improved.

People living in Manor Court and the staff told us that they could speak to either the unregistered manager or one of the senior staff at any time. Residents meetings were also held and any topics or concerns could be raised then.

The home's complaints file showed that any issues of concern raised were dealt with actions and outcomes recorded. The home has a "food" complaint and compliments folder for people to make daily comments about the food being offered. Comments included, "Porridge to thick" and "Chicken soup-lovely".

A recent survey sent to people living in the home and returned to the unregistered manager the week before this inspection made many comments about the standard of food. Some comments received about the food were negative and the unregistered manager stated that she had arranged a meeting with the catering staff to look at the comments made.

We saw that the quality of the environment provided was reviewed. During our visit there was a painter in the home improving the upstairs hallway. The home's maintenance/handyman was also working in the home during our visit. All areas were regularly upgraded. Each bedroom, when it became vacant, was refurbished when needed. A survey returned to the home when asked about the environment said, "The home is always clean and looked after". This showed all areas of the home remained safe and well maintained.

As part of the quality monitoring system people who lived in the home were sent surveys to complete, that asked their views of the home. Surveys were sent out in the last month and the unregistered manager has plans to send out surveys to relatives the month of this inspection. Areas covered included the environment, staffing and complaints.
We asked to see them to establish whether the views that had been given about the

service provided had influenced any changes at the home. Returned surveys said, "There is always staff around" and one person wrote when asked what the home could improve on, "Nothing, you can't improve as the home is great".

We looked at the care records for three people. This included information about people's accidents. Records showed that all accidents were recorded onto accident forms and also individual records held more information on each incident. These recordings identified that any issues with people were quickly addressed and enabled the manager to ensure all care was carried out sufficiently well to meet people's needs. People were referred to specialists if required, for example the falls clinic if people had an increase in the number of falls they had. This helped to keep people safe.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Our inspection of October 2012 found that people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained. The provider wrote to us and told us how this would be improved.

All records were kept securely in the main office and were accessible for the staff that required them. Care plans were in the process of being updated using a new format. The individual records we looked at during this visit, showed full detailed information on each person. This included medical records, risk assessments and any treatments being provided by the district nurse team. People's medical details were recorded to show involvement of outside agencies including GPs and opticians.
This meant that information was kept in a secure way and people's care and treatment were recorded to assist the staff.

We looked closely at the care records of three people who used the service. Those records presented a clear view of those people's needs and how those needs were to be met. We also looked at documentation around those people's care and treatment. One person was prone to falls and we looked at the falls audit the home had kept. These showed when and where these falls had occurred. This provided the home with information on when the person required additional support and monitoring.

People's files held daily records with staff recording on how people were feeling and the care provided on any given day. This included people's food/calorie and fluid intake as well as night recordings to ensure people were well at night. This was particularly important if people became ill during the night.

Staff were asked about the care plans and how they work. Staff said they understood the care plans. A new member of staff said, "I was given time to read the care plans" another staff member said, "We are told of any changes to a person's health and able to read and update ourselves."

We looked at people's assessments of need, their care and treatment plans, their individual assessments of risk and their care records. These assessments, care plans and

risk assessments held information that told the staff about people as individuals, and considered all of their needs. This meant that risk from unsafe or inappropriate care was fully managed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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