

Review of compliance

Trident Reach The People Charity Manor Park	
Region:	West Midlands
Location address:	24 Manor Park Grove Northfield Birmingham West Midlands B31 5ER
Type of service:	Care home service without nursing
Date of Publication:	June 2012
Overview of the service:	24 Manor Park Grove provides the registered activity of accommodation with nursing or personal care for up to five people. It does not provide nursing care.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Manor Park was meeting all the essential standards of quality and safety inspected.

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 14 May 2012, observed how people were being cared for, looked at records of people who use services and talked to staff.

What people told us

We visited the service on 14 May 2012. People we spoke with were not able to tell us about their experience of living at the home because of their complex needs. We spent three hours in the communal areas of the home observing how people were cared for. We used a number of different methods to help us understand the experiences of people using the service.

We met three of the people who lived in the home on the day of our visit. They each looked well cared for. Each person looked at ease with workers and managers and engaged in what was going on.

We saw and heard workers and managers treat people with respect and dignity.

What we found about the standards we reviewed and how well Manor Park 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

The provider is compliant with this standard. People who used the service were supported to make, or participate in making decisions relating to their care and treatment. Their independence privacy and dignity were respected.

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

The provider is compliant with this standard. People who used the service experienced effective and appropriate care, treatment and support that met their needs and protected their rights.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider is compliant with this standard and the code of practice for health and adult social care. People are protected from the risk of health care associated infections by the operation of effective systems of prevention and maintenance of appropriate standards of cleanliness and hygiene.

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

The provider is compliant with this standard. People who used the service benefited from sufficient numbers of staff, with the skills to meet their needs.

Outcome 17: People should have their complaints listened to and acted on properly

The provider is compliant with this standard. People benefit from systems in place to deal with comments and complaints including providing people with information about that system.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

When we visited the service on 14 May 2012 the care worker in charge of the shift told us that there were four people living in the home at that time. We saw that a person was visiting the home together with their social worker. They were deciding whether the home was suitable for the person to move in.

People we spoke with were not able to tell us about their experience of living at the home because of their complex needs. We used a number of different methods to help us understand the experiences of people using the service.

Other evidence

We spent three hours in the communal rooms observing how people were cared for and how they spent their time.

We particularly focused on the care of one person who was frail and older than the majority of other people using the service.

We saw and heard care workers support the person to make decisions about food and drink and about activity and pastimes. We saw that workers knew how to communicate with the person. Workers encouraged the person to carry out small tasks such as taking a drink, as independently as their condition allowed. The person's care file showed that they had been referred to speech and language therapists. There was a recent report of

their condition. There was also a list of the key words used by the person in their mother tongue and their meanings. We saw a record updated regularly by the person's key worker called 'what works for me and what doesn't work for me'.

We spoke to two workers on duty on the day of our visit. They each described how the person's condition had deteriorated recently. They described the ways in which the service had responded to help the person maintain as much control over their life as possible.

We saw that other people who were at home that day were encouraged to become involved in some of the daily tasks of running their home. These included helping to peg out the washing and look after a pet.

We saw that each person had their own bedroom. Each room was differently decorated. They contained personal effects that showed people's individual tastes and interests.

Our judgement

The provider is compliant with this standard. People who used the service were supported to make, or participate in making decisions relating to their care and treatment. Their independence privacy and dignity were respected.

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

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We visited the service on 14 May 2012. People we spoke with were not able to tell us about their experience of living at the home because of their complex needs. We used a number of different methods to help us understand the experiences of people using the service.

We met three of the people who lived in the home on the day of our visit. They each looked well cared for. Each person looked at ease with workers and managers and engaged in what was going on.

We saw and heard workers and managers treat people with respect and dignity.

Other evidence

We looked at the care records for one person. They were well organised and contained a lot of information about the person. There was a smaller file that contained summaries of information and daily and nightly routines for workers to consult. Workers were expected to complete daily and nightly welfare records about the person. We saw care workers updating these records at the end of the morning shift.

The person's care files contained up to date health and social care records. There were a wide range of care plans individual to the person. These covered every area of their life including medication, night time care and leisure and occupation. Plans had been reviewed and updated in February 2012. Care workers signed to say that they had read and understood each one.

Care plans were supported by written assessment of any risk associated with the

person's needs. These assessments were reviewed monthly by a manager and the plans were changed as necessary. Risk assessments included moving and handling the person as they had very limited mobility.

The provider may find it useful to note that the moving and handling risk assessment was very detailed. It covered every routine movement that required worker's help during the day and night. However the management plan did not say how many workers were required to safely move the person.

There were some specific written guidelines for workers to follow when caring for the person. We spoke with two workers on duty on the day of our visit. They both knew the person well. They were able to describe their condition and the agreed way of looking after the person. They knew the risks associated with the person's conditions and how these were to be managed. They understood the aim to achieve a balance between safety and independence. Both workers spoke about the person with interest and warmth.

Our judgement

The provider is compliant with this standard. People who used the service experienced effective and appropriate care, treatment and support that met their needs and protected their rights.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We visited the service on 14 May 2012. People we spoke with were not able to tell us about their experience of living at the home because of their complex needs. We used a number of different methods to help us understand the experiences of people using the service.

Other evidence

We saw that the home was clean and tidy. We noted that the practices and routines of workers together with materials available ensured that people were protected from the risk and spread of infection.

The kitchen and laundry were well organised. There was liquid soap and paper towels in the kitchen and laundry and in bathrooms and toilets. There were supplies of disposable gloves and aprons for workers to wear when they assisted people with their personal care.

We saw workers washing their hands before they prepared food and helped people to eat their meal. Areas of the interior of the building that were regularly in contact with worker's hands such as light switches and doors were clean. Materials and equipment in daily use by workers such as care files and telephones were clean.

There was a cleaning roster in the kitchen with tasks for daily and periodic deep cleaning.

The registered manager showed us the provider organisation's health and safety policy file. There were a number of written policies and procedures relating to hygiene and control of infection. These included food handling and the 'manager guides' for good housekeeping and cleaning, clinical waste and for control of legionella. We saw completed audit sheets for regular checks made by managers on cleaning and infection control tasks.

We noted that the policies, procedures and guides were dated in 2004 to be compliant with the legislation at that time. The provider may find it useful to note that there was no reference to the code of practice for hygiene and control of infection. This code accompanied the new health and social care legislation that came into force in 2010.

The person whose care we particularly focused on needed all of their food and drink to be prepared for them. Their key worker held a level 2 award in food safety.

Our judgement

The provider is compliant with this standard and the code of practice for health and adult social care. People are protected from the risk of health care associated infections by the operation of effective systems of prevention and maintenance of appropriate standards of cleanliness and hygiene.

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

When we visited the service on 14 May 2012 people we spoke with were not able to tell us about their experience of living at the home because of their complex needs. We used a number of different methods to help us understand the experiences of people using the service.

Other evidence

We saw that there were three people at home and three workers on duty. The worker in charge of the shift told us that one worker was a social work student on practical training. The manager was on duty during office hours. The manager told us that each shift had three workers to look after a maximum of four people. At night there were two workers awake on duty. This was about to be changed to one worker awake and one worker asleep. The manager told us that this change was planned because two people who used the service and needed constant support at night were no longer living at the home.

We saw from the staffing roster that on the day of our visit one worker was working two consecutive shifts that day. We also noted that another worker who came on shift at 2pm was finishing at 8.30pm, leaving just two workers on duty until the night shift started at 10.30pm. We asked the manager about this. She told us that this worker was a very experienced volunteer who wanted to work until 8.00pm. She said that the older people who lived at the home preferred to be in bed for the night by 8.00pm and so two workers were sufficient at that time of day. The manager told us that the service was carrying some vacant staffing hours at that time. She said that when the night staffing pattern changed the service would be overstaffed at its current level for the needs of

people who lived there at that time.

We spoke to two workers on duty on the day of our visit. They were very familiar with the conditions and the needs of the person whose care we particularly focused on. They told us that the whole staff team had recently had some awareness training in two of the conditions that the person experienced.

We looked at the training records for the person's key worker. The manager told us that like all the care workers at the service the key worker held the NVQ in health and social care at level 2.

We saw that the key worker had also undertaken a number of short courses during 2011. These included statutory health and safety topic updates such as moving and handling. Also a range of health and social care related topics. These included the safe administration of medication, risk assessment, equality and diversity, safeguarding adults from abuse and health action screening. The key worker had also undertaken some training about speech and language function. This was very relevant to the changing needs of the person.

Our judgement

The provider is compliant with this standard. People who used the service benefited from sufficient numbers of staff, with the skills to meet their needs.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

We visited the service on 14 May 2012. People we spoke with were not able to tell us about their experience of living at the home because of their complex needs. We used a number of different methods to help us understand the experiences of people using the service.

Other evidence

We asked the manager if the service had received any complaints during the previous twelve months. She told us that it had not. We saw that the provider had a written complaint procedure. This was produced in an easy read format with pictures. It was available on the notice board of the home where relatives and visitors could see it. For ease of use a complaint form was provided in an envelope pre addressed to the provider's complaints officer.

We asked the manager about the provider's whistle blowing policy. The manager told us that workers who had concerns about a vulnerable person should report these to their manager. Safeguarding concerns should go directly to an executive manager who took the lead in the provider organisation. This means that staff can raise concerns about care practice or safeguarding directly with key staff within the organisation.

We asked one of the workers that we spoke to on the day of our visit if the service was well managed. They told us that it was well managed for the benefit of people who used it. They said that workers showed a lot of interest in and commitment to people. Some workers gave unpaid time to take people out to family visits, special events or abroad

on holiday.

Our judgement

The provider is compliant with this standard. People benefit from systems in place to deal with comments and complaints including providing people with information about that system.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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