Inspection Report

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

Manor Park

24 Manor Park Grove, Northfield, Birmingham, B31 5ER

Tel: 01214767529

Date of Inspection: 05 July 2013

Date of Publication: August 2013

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Statement of purpose	✓ Met this standard

Details about this location

Registered Provider	Trident Reach The People Charity
Overview of the service	24 Manor Park Grove provides accommodation with personal care for up to five people.
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 5 July 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 and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People could not tell us their experience of the service because of their complex needs and conditions. We spent two hours in the communal areas of the home observing how people were cared for. Staff communicated well with people including people with no verbal communication.

We noted that people were positively engaged with their surroundings and the people around them. Staff encouraged and supported them to be at the centre of all activity including some of the tasks of running the home such as making a dessert for the evening meal.

We found that people's needs were assessed to establish the care that they needed and care was planned and delivered in line with their individual care plan.

We found that people's food and hydration needs were assessed by health care specialists and care plans were updated accordingly. Staff followed the guidance provided by specialists to protect people from risks such as choking. There were systems in place to monitor the food and drink intake of people identified as being at risk of poor nutrition or hydration.

We found that there were sufficient numbers of staff on duty to meet people's needs and staff understood people's needs. Staffing levels had some flexibility and could be decided on the basis of people's needs and level of risk. Staff were trained and properly supported to provide care to people who used the service and were encouraged to acquire qualifications and further skills relevant to the work that they do.

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

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 benefited from appropriate arrangements to assess their needs and plan, provide and regularly review care that met their needs and protected their rights.

Reasons for our judgement

People could not tell us their experience of the service because of their complex needs and conditions. We spent two hours in the communal areas of the home observing how people were cared for. We noted that people received care and support from workers to get up and ready for the day when they wished to. Some people went out to day services on the day that we visited and another person went out shopping with the support of a worker. We noted that people were positively engaged with their surroundings and the people around them. Staff encouraged and supported them to be at the centre of all activity including some of the tasks of running the home such as making a dessert for the evening meal.

People looked well groomed and cared for, they wore clothes to their individual style and we noted that staff communicated well with people including people with no verbal communication.

People's needs were assessed to establish the care that they needed. We specifically focused on the care of one person who had very complex needs. We noted that the person had a well ordered care file that included up to date assessment and review of their needs. We saw there were systems in place to monitor people's health care needs. We noted that the person had a health action plan. Weight, food and fluid intake records had been completed and the outcome of appointments with health care professionals had been recorded. Risks presented by the person's condition had been assessed and specialist health care workers had been involved where appropriate. We noted that incidents and accidents were appropriately recorded and risk assessments were reviewed accordingly to safeguard the person.

Care was planned and delivered in line with their individual care plan. We noted that the person had a number of care plans that were individual to them and recently reviewed and updated. These included a mobility health action plan, a continence care plan and a plan for social and therapeutic activities. There was also an agreed plan for supporting the

person positively during any distress reactions when their behaviour may have an adverse effect on others.

We observed that staff were following the plan based on advice given by a speech and language therapist in respect of supporting the person to eat safely and also the plan to safely administer their medication. There was a 24 hour care plan which provided a summary of the person's daily and nightly care needs. This meant that any agency or bank staff who did not know the person well would be able to quickly become familiar with their needs.

We noted that daily records were made by staff of the person's on-going welfare and this meant that staff on different shifts could be aware of the person's current well-being and it promoted consistency of care for them. The person's allocated key worker made a monthly review of their care needs and this meant that a named member of staff could focus on their welfare specifically.

The provider had a plan for the safe continuity of the service in the event of any disaster.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were protected from the risks of inadequate nutrition and dehydration. We spent two hours in the kitchen/ dining room of the home and observed how people were supported to eat their breakfast. We noted that people got up at different times in the morning and were offered their breakfast when they were ready to eat it. Some people needed total support to eat their food and take drinks.

We specifically focused on the care of one person who needed support to eat and drink. Staff told us that the person had a condition which put them at risk of choking on food. We looked at the person's care records and noted that their food and hydration needs had been recently assessed by a specialist health care worker and their care plan had been updated accordingly. There was written advice for how the person's food and drinks should be prepared to guard against risk of choking and we observed that staff followed this guidance. There were copies of food preparation guidance discretely displayed on the wall in the kitchen for two people who used the service with their photograph. This meant that any temporary or agency staff who did not know people well had easy access to that information. We noted that a record was made by staff of what the person ate and drank each day and the amount. This meant that their food and drink intake could be monitored and also that staff on different shifts were aware of what the person had already ate and drank that day or night. We looked at the training records for the key worker to the person whose care we specifically focused on. The provider may find it useful to note that this worker had not undertaken any specific training in supporting people at risk of choking when eating and drinking.

People were provided with a choice of suitable and nutritious food and drink. We looked around the kitchen and saw that there were good stocks of a variety of foods and drinks in the home for people to choose from. This included fresh vegetables and fruit. We noted that people who were able to help themselves, had access to drinks and snacks. We asked one person if they liked the food that they got at the home and they told us that they did. We observed that other people who required total support with eating and drinking responded well to staff helping them and finished their meals and drinks. We noted that staff had good communication with people and understood the pace at which they wanted to eat and drink and when they were indicating that they had enough or wanted more.

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.

People had their health and welfare needs met by sufficient numbers of appropriate staff.

Reasons for our judgement

There were sufficient numbers of staff on duty to meet people's needs. When we visited the service on 5 July 2013 there were five people living in the home and each person had complex needs. Some people's needs had become more complex with old age.

We noted that people got up at different times with some late risers. Staff told us that some people went out to day services on some regular days of the week. On the morning of our visit we noted that two people went out to day services, one went at 8.45 and another at 10am. There were three support workers on duty in the home since 7.30am including a deputy manager. We noted this meant that one person was able to go out shopping with a member of staff later that morning as they had asked to do. The manager of the service told us that there were always either three or four staff, according to need on duty during the day and two on duty each night. One person required two staff to support them safely when they went out. Support workers did all of the cleaning in the home, also laundry, food preparation and shopping.

There were sufficient staff who knew people's needs. The manager told us that staff on duty that day were all 'permanent' staff who knew people well. She told us that use was made of 'bank' staff to cover leave and staff sickness but the service did not rely heavily on bank staff and each shift was always led by a permanent staff member. The deputy manager had the flexibility to arrange for either three or four support workers to be on any day time shift and this meant that staffing levels on day shifts could be decided on the basis of needs analysis and risk assessment. The deputy manager worked care shifts and had some protected time each week set aside for management tasks. The manager also managed another small care home locally. This meant that the service had management structures in place to monitor, review and maintain effective staffing levels.

We noted from records that most staff working at the service held a nationally recognised qualification in social care. The manager and the deputy manager were also qualified to plan people's care, lead the staff team and manage the service.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People who used the service had their health and welfare needs met by competent staff.

Reasons for our judgement

Staff were trained to provide care to people who use services. We looked at the file of the key worker for the person whose care we specifically focused on and saw that it was well organised. We noted that they had a programme of induction when they joined the service and this was followed by a three monthly review of their competence and performance. The worker had undertaken a range of short awareness or competency based courses including safe administration of medication, infection control, safeguarding adults from abuse, fire safety and epilepsy awareness. We noted that they had also undertaken a practical competency based assessment on moving and handling people including the safe use of a hoist. A number of people who used the service had complex mobility needs. All training was up to date and refresher dates were clearly noted. Training certificates were accompanied by the relevant provider policy and procedure documents and these were signed by the worker to indicate that they had read and understood them.

Staff are properly supported to provide care to people who use services. We noted that there were recent records of one to one supervision and support sessions with a manager on the key workers file. We saw a recently completed application for the worker to register for a nationally recognised qualification in social care. This showed that staff at the service were encouraged to acquire qualifications and further skills relevant to the work they undertook.

Statement of purpose ✓ Met this standard

The service must tell us about what kinds of services it provides

Our judgement

The provider was meeting this standard.

People that use the service benefit from the knowledge that the Care Quality Commission is informed of the service being provided.

Reasons for our judgement

The provider had a statement of purpose for the service that set out what it offered. This was kept under review and a recently updated copy given to the Care Quality Commission.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk