

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

Glenmore Trust - 40a Manor Road

40a Manor Road, Carlisle, CA2 4LJ

Tel: 01228522448

Date of Inspection: 11 January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Glenmore Trust
Registered Manager	Ms. Carol Grears
Overview of the service	40a Manor Road is a care home for five people who have a learning disability and is run by The Glenmore Trust. The home is a modern adapted bungalow in a quiet residential area on the outskirts of Carlisle. There are adapted bathing facilities and equipment for people with limited mobility.
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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Safety and suitability of premises	10
Staffing	11
Records	12
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

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 announced 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 11 January 2014, 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.

What people told us and what we found

People told us that they felt that their needs were being met by the staff working at Manor Road. One person told us, "The staff are my friends and I like them very much". People told us that they felt safe and were comfortable living in the home. They said that staff treated them well and they liked spending time talking to the staff and going out with them.

We found that care planning was person centred, with people being involved in the development of their care and support. People were supported in a way that maximised their involvement and ensured that they had control over their lives, to the level of their ability. Each person we spoke with knew the staff very well and we saw they were all relaxed in their surroundings.

Health care needs were met through positive working relationships with external health professionals.

Staff were skilled at managing what could be possibly challenging behaviours and employed strategies to minimise risk. This ensured that the people living in the home had the best possible quality of life that was lived to their full potential.

All records pertaining to the running of the home were in place and up to date. They were stored in securely locked facilities.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Staff involved people by using information that was readily understandable and used different formats to engage people. Where some people's capacity to make decisions was impaired other people such as relatives, professionals and advocates were consulted. People were also made aware of additional support services including independent advocacy services. This was in addition to the organisation's own support network and focus groups set up to give channels of communication for feedback on the care received.

We observed staff providing support and saw they always established consent from people before undertaking a task with them or on their behalf. When providing support, staff spoke to people throughout and ensured they were happy with the support to continue. This demonstrated staff understood consent was on-going and could be withdrawn at any point by the person receiving support.

During our visit to Manor Road we spent time with all of the people who lived at the home. As most of the people went out during the week to various centres we visited the home on a Saturday to make sure we would be able to speak to those who lived there. We spoke to one of the people in their own room and the other three people in the lounge and dining room. Three of them were able to communicate clearly and they all told us they were happy and could always choose what they wanted to do and what activities they wanted to take part in. Where people were less able to communicate verbally staff used other means of communication such as pictures and body language but always gave time for the response.

We saw the staff talking to people and their approach was polite, warm, caring and sensitive. They listened to what people wanted and respected their wishes. The staff encouraged people to make their own choices and we saw this throughout our visit. One staff member took two people out to the local shop as one person had asked to go for their paper and magazines and the other wanted to go out for a walk.

The manager told us about how the staff supported people with their independent living skills and how this was recorded in their plan of care. We saw the staff had completed care records about what people liked the staff to know about them to make them feel comfortable, cared for and enabled. This meant people were afforded the time to make decisions about their welfare and health and this was respected and understood by the staff.

The care and support plans we looked at clearly showed the care that had gone into making sure that the people who lived in the home had been involved, as far as they were able, in the care planning process. If people were less able to communicate their wishes clearly the manager had obtained social and personal information from family members to help with the support programme that was in place for each of those living in the home.

The manager and staff were clearly aware of their roles and responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLs). They also understood the need to ensure people were given every opportunity and the time to make their wishes and choices known.

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 in line with their individual plan of care.

Reasons for our judgement

During our visit we spent time in all areas of the home and spoke to the manager, staff and all the people who lived there. We observed, informally, the way people were treated and we read a sample of two care and support plans.

We saw care plans were detailed and there was evidence to show people and or their representatives had provided information about people's preferences. We saw a daily record of care was maintained to make sure all staff were aware of any changes to a person's care needs or health. We saw the records detailing the events of the day and found these were comprehensively written. We saw that each person had a copy of their individual support plan in their room and one of the people we spoke to allowed us to read theirs.

We observed lively and positive interactions between staff and people in the home which made for a relaxed and friendly atmosphere. We observed staff responding sensitively to people and picking up cues from body language when they needed assistance or reassurance. This was particularly important as some of those living in the home had limited verbal communication.

We discussed with the manager the policies and procedures for admitting new people to the home. These were comprehensive and gave staff clear instructions to follow when assessing and admitting a person to the service.

The manager explained the referral and admissions procedures and described how these were put in place. Due to the complex nature of people's needs, particularly around behaviours that could challenge, careful planning around compatibility issues was needed to ensure that the service had the skills to meet people's needs. People who had requested to live in Manor Road visited the home on several occasions before they decided if the place was suitable for them. These visits started with an invitation for afternoon tea to meet the staff and other people in the home and moving on to staying for a week-end. The final choice about moving in was always that of the person who had been offered a place.

We spoke with the four people who lived at the home. Comments included; "I like living here and the staff are my friends" and "It is lovely here and I am very happy".

A notable feature of this service was the person centred approach and the positive behaviour model used for supporting people whose behaviour could sometimes be termed as challenging. This had a positive impact on the experience for people using the service and ensured the atmosphere in the home remained as calm as possible. It also supported people to take part in the local and wider community.

We found that people had received regular health checks and the manager told us they had good access to local GPs, dentists and other community services. Senior staff liaised with community healthcare professionals to ensure that health needs were always met. We saw evidence that people's medication was being regularly reviewed and where people had behaviours that may challenge, senior staff had involved a medical consultant specialising in learning disability. Social workers were also involved in the admission, care and support provided if necessary.

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were generally protected against the risks of unsafe or unsuitable premises

Reasons for our judgement

40a Manor Road was a purpose build bungalow in a quiet residential area not far from the centre of Carlisle. It was originally built to provide care and accommodation for up to five people with a learning and/or physical disability. On the day of our visit there were four people living in the home and there had been for some time. This was at the request of the manager after careful consideration of the needs of the people being supported.

We discussed the maintenance records of the home and found that general upkeep, planned repairs and upgrades to the property were well managed by the landlord. The manager was able to show a variety of annual, bi-annual and monthly checks that were undertaken, to ensure the safety of fixtures, fittings and appliances. A new central heating boiler had recently been installed. A gas safety check confirmed gas supply and appliances were fit for purpose and safe. Electrical checks were up to date, as was testing on small portable (electrical) appliances, (PAT). Hot water temperature testing was in place, and a monthly log of recorded temperatures showed these to be in a range that prevented the risk of scalding. Along with other records of safety checks, the manager was able to demonstrate adequate systems were in place to manage the maintenance of the home.

We walked around the building, conducting a visual inspection. We found communal and personal bedrooms to be well appointed and furnished to a good standard. Bedrooms were decorated in the colour and style chosen by the individual and reflected their personal choice. Bathing and showering facilities were clean and well fitted with appropriate non-slip flooring and had suitable equipment in place. There was an external garden area with seating for people to enjoy in the summer if they wished.

Lounge, dining and kitchen areas were well equipped, clean and comfortable. We found all areas of the building were accessible to people who lived and worked at the home.

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

Reasons for our judgement

40a Manor Road provided care and support to four people who had a learning disability and/or a physical disability. Three out of the four people went out each day to various centres and clubs and one remained in the home. During the week, that is Monday to Friday there were two staff on duty between seven am and ten am and two staff between four pm and ten pm. The remaining hours were covered by one member of staff who provided support to the person who did not attend day services. On Saturday and Sunday there were two members of staff on duty during the waking day from seven in the morning until ten at night. There was one member of staff sleeping in through the night with senior staff on call.

We spoke to the staff on duty during our visit and they told us that the staffing levels and arrangements were fine. They also told us that, on the odd occasion when it was necessary, the manager had brought in one other member of night staff to provide extra support. Both members of staff had worked at the home for some time and knew the people who lived there very well.

They told us that The Glenmore Trust was a good organisation to work for and the staff training programme was excellent. Regular staff meetings were held when the support of those living in the home was discussed in particular any changes in needs or the care plans.

After talking to staff and people living in the home and observing the care and support throughout our visit we judged that there was sufficient staff to meet the needs of people who lived in this service.

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

The home had systems in place to record, and securely retain information regarding the care delivered to people. These included care plans and assessment records, daily reports and information from visiting professionals. These records, although held in a locked cupboard, were easily available for staff to read and update. Personnel, supervision and training records were also kept securely in locked cabinets in the administration office which also provided the 'sleep in' room.

The organisation maintained accurate and up to date records related to the running of the home which assisted in maintaining a safe environment for people and staff to live and work in. These included environmental checks regarding the fire alarm system, water hygiene, health and safety and electrical appliance testing. We found equipment testing and maintenance records were up to date. The home kept comprehensive records of activity and environmental risk assessments. These were detailed and included measures to minimise the risks identified.

The health and safety manager visited the home periodically to check that health and safety matters, including risk assessments were in order.

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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
