Extel Limited

Manningford

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 19 January 2016 and was unannounced. The previous inspection was in October 2013 where we found that regulations had been met. The home was registered to provide accommodation and personal care for seven people who may have mental health concerns. The home provides this service for women and at the time of visit they were supporting four women.

There was a registered manager in post but they were on leave at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were assisted to understand potential risks to their safety including abuse. Staff knew how to recognise signs of abuse and who to raise concerns with. Concerns were referred appropriately and investigated where necessary. Staff and the community mental health teams involved people in understanding risks to their health and well-being. They involved people in devising management plans to minimise the effects of those risks to try and keep them safe.

There were enough staff available for people to receive flexible support when it was needed. There were recruitment and induction processes in place to ensure new members of staff were suitable to support the people who were living in the home. People were happy with how staff supported them. Staff demonstrated skills and knowledge to the professionals that visited the home and when we spoke with them and this helped to ensure people were supported effectively and safely.

The registered manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. People living in the home had the capacity to understand and make decisions but at times would make unwise choices. Some decisions were made with people's agreement or by other legal means to enhance people's safety.

The home provided all meals to people who lived in the home except for five meals per week. People were provided with money to budget, buy and cook healthy meals as part of maintaining or developing independent life skills. People that needed to have advice about healthy eating in respect of their health conditions were offered this. Staff supported people to access to routine checks from health professionals to keep people physically and mentally as well as possible. In addition staff acted quickly and informed health professionals when there were changes to a person's well-being.

People were receiving support from staff to talk about their relationships and their feelings when they wanted and this helped people feel cared for. Staff encouraged people to be involved with work and leisure activities as part of their progression to more independent living. In 2015 three people had moved to more independent living and this showed that their care and treatment had been successful.

The registered manager and staff provided calm, professional and person centred care for the people who lived in the home. Health and social care professionals told us that the management of home communicated well with them and followed any plans to support people. Staff told us they well supported by the management to provide appropriate care and to raise any concerns

There were systems in place for the registered manager to check the quality of the service day to day and to monitor for any trends in how the home was operating over a longer period.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe in the service and any concerns about their safety were reported and investigated.

People were supported by appropriate numbers of staff who had robust checks before they were recruited.

People's medicines were safely administered but records of the administration needed to be consistent.

Is the service effective?

Good

The service was effective.

Staff knew how to care for people although evidence that training had been undertaken was not always available.

People's rights were protected as they had control over their lives unless action had been taken to legally restrict their liberty.

People were supported to eat and drink enough to maintain their well-being.

Is the service caring?

Good

The service was caring.

People were given support by caring staff who listened to them.

People's privacy and dignity was respected in a safe way.

Is the service responsive?

Good

The service was responsive

People were involved in devising their care and risk management plans which were individual to their needs.

People were supported to be involved in the work and leisure

activities that they wanted

Is the service well-led?

Good

The service was well led

People felt able to talk with the manager. Professionals and staff found the manager approachable professional and responsive.

Appropriate systems were in place to monitor the service.

Manningford

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 January 2016 and was unannounced. The inspection was carried out by one inspector. As part of the inspection we reviewed all of the information we held about the home. This included statutory notifications received from the provider about accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We contacted the commissioners of the home. This helped to inform us where to focus our inspection visit.

During our visit we spoke with two of the four people who lived at the home about aspects of their care. We spoke with a health care professional who was visiting at the time of our visit and spoke with two care staff and the deputy manager of the home.

We looked at parts of two people's care records and two people's medicines and medicine records to see if they were accurate and up to date. We also looked at quality assurance audits, exit interviews taken when people left the home, complaints and incident and accident records to identify the provider's approach to improving the quality of the service people received. Following our visit as part of the inspection we spoke with two social care professionals and two health professionals.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. Their comments included: "I feel safe because staff check on me when I am in my bedroom on my own" and "The home has become my safe haven and I cannot wait to get back here."

Staff we spoke with told us that they had appropriate training in safeguarding people. They were able to tell us how people who lived in the home may have become at risk of abuse either in the home or in the community. Staff knew of the agencies involved in safeguarding people and of their responsibility to report any concerns. We saw that information was available to people about reporting any concerns about their safety. There was also information displayed about a telephone line that people, their relatives and staff could use if they wished to whistle-blow to the provider about any safety concerns. When a safeguarding issue was raised a social care professional told us that the management responded appropriately and options were given to the person to make them safer. The provider had taken appropriate steps to ensure people living in the home were safe from abuse.

Staff were able to tell us about the risks that individual people were susceptible to. We looked at how some of these risks were managed. We saw that some equipment was only available when a member of staff was present to minimise risk of people using this to self-harm. A risk management plan referred to a piece of equipment needed in emergency situations; we found that this equipment was available and useable. This minimised the risk of permanent harm to people. A health professional told us that staff managed risk quite well because; they did not over react, they followed the risk management plans and kept the clinical team and other professionals informed. Staff told us when new risks were identified a risk management plan was put in place. We saw that these plans were reviewed regularly and up-dated where needed. Identified risks to people's individual safety were managed well.

We sampled some records and found day- to-day risks such as ensuring the paths were free from ice and safety checks on gas and electric equipment had been completed and action taken where necessary.

We spoke to two staff about how they were recruited. They told us that they had completed an application form and had been interviewed. They told us that checks had been made with their former employers and with the Disclosure and Barring Service to ensure they were safe to work with people in a social care setting. Some staff had been recruited by first working at the home as an agency worker under a scheme called 'temporary to permanent.' This meant that the provider could determine whether staff were suitable to work with people in the home long term before they became fully employed.

People told us there was always enough staff to support them when they needed assistance whether by day or by night. Staff told us that staffing levels changed when the number of people living the home or their needs changed. Staff told us the home was over staffed at the time of our visit as a person had just moved out so they were giving support to another of the provider's homes. A social care professional told us that the staffing level was flexible enough to give a person individual support when it was needed. There had been a change of staff at night as some staff had moved on. There was a small staff team providing the

support so people knew staff that were supporting them. Staff were confident that there was always enough staff because they could ask the provider for more assistance and because the manager would also work as a support worker if needed. We saw on the day of our visit there was enough staff to meet people's needs.

People told us they received support with taking their medicines. One person told us: "I take my medicines while staff are there. They check that I know about changes to my medicines." We found there were good systems to ensure that people had required blood tests and were aware of changes to any dosages of medicines.

Medicines were kept both in the people's bedrooms and in one of the offices. All of these medicines were in locked cabinets. The total amount of each medicine in the home for a person was not recorded on the medication administration record (MAR). Medicines were only recorded on the MAR when transferred from the office cupboard to the person's cupboard. Medicines were not always carried forward from one MAR to the next one. This led to a few errors and made it hard to check that the amounts of medicines available were correct. Some records of when to administer a person's 'as required' medicines were not clear enough to determine which medicines to use when the person reported a difficulty. There was not a consistent way of recording when medicines were not required.

People were being supported to become as independent with medicines as was safe. They were encouraged to sign the (MAR) along with a member of staff when they had taken their medicines. One person was self-administering an inhaled medicine but there had been no record of checks to see if the person could do this effectively and this could mean they were not receiving the full benefit of the medicine.

The registered manager contacted us following our visit and advised us of the steps they had taken the next day to ensure all of the above concerns with medicines were rectified.

Good

Is the service effective?

Our findings

People told us that staff were available when they needed support. One person told us: "Each member of staff is helpful in their own way." A relative commented that staff: 'Exceeded their expectations, were professional and approachable.' The three professionals that we spoke with told us that staff knew about the people they were caring for. One of them told us: "The managers and key workers knew about the person I visited." Another reported on the exit interview that staff were: "… knowledgeable and professional."

Staff told us that they received the training they needed to support the people living in the home well. We found that that day staff had received training to keep people safe including general training in topics such as first aid and fire safety. Specific training was also given in mental health awareness and other specific conditions to meet people's needs and identified risks. The staff we spoke with had experience of working with people who had mental health needs. We found that night staff did not have the same consistent level of training and this could mean that there were insufficient trained staff at night. We saw that training had been planned for some refresher courses such as first aid and all staff had training for a specific risk for one person.

Staff told us that they had an induction to working in the home. They spent time talking with people and reading people's care plans before they started working with people as part of the staff team. The manager was aware of the care certificate and one member of staff was undertaking this and another member of staff had their training needs matched against the care certificate to look for any gaps in training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some people living at the home were subject to restrictions under the Mental Health Act. Restrictions that were in place were discussed with the relevant person and the supporting mental health team. Care plans and risk management plans were agreed with the person to ensure that these met with the needed restrictions. At the time of the inspection visit there were no people who lacked capacity to make decisions about living in the home. People we spoke with told us that they were happy living in the home for the time being and were working towards becoming independent. People went out of the home independently to attend work or for leisure activities. One staff member told us: "We can't stop people going out or taking risks but we try and reason with them about the dangers." We saw that information about best interest assessments and DoLS were displayed in the dining area and available to people.

In line with this people were supported with any weight issues or dietary needs as much as the individual

person would allow. Some people gained support from a community diet club or from services at their local GP to maintain their health and did not want their weight to be monitored in the home. People told they were happy with the food provided. There were provisions for breakfast and lunch meals which people could access when they wanted. People were given £20 per week to buy five main meals which they had to provide receipts for. There were rules about how this money was spent to promote cooking skills and healthy eating. One person who had lived in the home had commented that they wanted the rules about the spending of this money to be more explicit. However the people we spoke with had not concerns.

People told us that they could have support to attend health appointments if they needed them but one person told us: "Staff are not a taxi service." We saw that on the day of our visit one person was supported to go to hospital. One member of staff told us: "We help people book appointments and keep track of appointments. People can go alone or can ask for support." Records showed that people had attended a range of appointments with health professionals. We saw that care records included detailed techniques to support people attain and maintain good mental health. There were details of known triggers for people potentially coming to harm and agreed alternatives were outlined to manage this.

Good

Is the service caring?

Our findings

People told us that staff and manager were caring. One person told us: "You can always ask the staff anything and the night staff are just as good. They sit with me when I hear voices." Another person told us: "I like all of the staff and I like living with the people in the home." A person who previously lived at the home wrote: "Staff and people are really supportive and friendly. I enjoyed living at Manningford." A health professional told us: "They give people clear expectations and provide a robust but caring service."

We heard and observed that people were supported in a kind, respectful and friendly way. Staff initiated conversations with people for example checking what people were doing for the rest of the day, asking how their work or appointments had been on return to the home. They responded kindly and promptly to any questions people had. One professional told us that the staff were providing talking time for one person which was making a difference to how one person was responding to living in the home.

People were supported to be involved in planning their care. One person told us: "I read my care plans. If I don't agree I don't sign." One professional told us that staff always consulted with the person before making any agreements about how their care was to be managed. We saw that care records were signed by people who lived in the home.

People were assisted to be as independent as possible. People had access to their own money. One person told us: "[Staff's name] is helping me with a budget plan so I can pay my debts." Part of the agreements for living in the home was for people to undertake their own laundry, meal preparation, shopping, budgeting and cleaning.

People had access to their bedrooms at all times so we able to choose when they spent time with other people who lived in the home. They had keys to their rooms so could lock them if they wished. Where people were at risk of self-harm there were risk assessments under what circumstances staff would enter a person's room to maintain their safety and this was discussed with the person. People's privacy was respected.

Professionals told us that staff ensured that there was a private suitable place for them to speak with the person they had come to see. This helped to ensure that these conversations remained confidential.

Good

Is the service responsive?

Our findings

People who were living in the home had assessments whilst in hospital or from other placements to see if the home was a suitable environment for them. Care plans and risk assessments were devised with the mental health teams involved in people's care to ensure that people's mental well-being could be optimised. Care plans and risk management plans were individualised to the person to match the person's needs. A social care professional commented that people received tailored one to one support.' People told us their care and risks plans were discussed and reviewed with them.

People were living in the home with a goal of moving to more independent living when they were ready. One person told us: "It is the right place for me now. I don't want to have help to move on just now." Another person told us of their aspiration to move to independent living. Staff and professionals we spoke with told us that three people had moved on to either totally independent or supported living with significantly less need for on-going support in the last year. This indicated that people were achieving their goal of independence at the pace they were happy with.

People were supported looking for work, college courses and community resources to match their interests and goals. People we spoke with told us about their work and what they wanted to achieve in the future. They told us that they were able to attend leisure activities as they wanted. However the people we spoke to also told us they would like organised activities for people in the home to experience as a group.

People told us that they were able to visit their family when they wanted. On the day of our visit two people were working and one was visiting their family. People told us that staff supported them to look at relationships. One person said: "I am looking for supportive new friends in the community." And: "Staff help me question myself about [what I am doing]." People told us that they had sessions with staff on a one to one basis as well as meetings with other people.

Complaints were managed appropriately. Information about how to make a complaint was displayed in the dining area for people to look at. This included information about how to complain to other agencies about their mental health care. People told us that they felt they could raise complaints with the manager and deputy manager and were aware of complaints they could make to the head of the organisation. The manager requested that when people left the service they and professionals supporting them complete a questionnaire to see if there were any areas in which the home could improve. One professional commented that staff were available and approachable to discuss any concerns.

Good

Is the service well-led?

Our findings

People, professionals and staff told us the home was well managed. People told us: "I would like to say it is brilliant here," "The manager is caring and assertive but not passive, she is able to explain things in a logical way," and "I like it here." Health professionals we spoke with and a written comment from a health professional indicated that Manningford was one of the first places they looked to, for placements for people. Their comments about the reason for this included: "Holistic approach," "Ability to manage and work with people at substantial risk" and "The drastic improvement to a person's life skills and mental health." All of the professionals we spoke with told us that they were welcomed into the home and that communication with them had been open and prompt when people's health or behaviour had changed.

Staff had access to the displayed provider's whistle-blowing telephone number. They told us that they were confident to use it but felt able to speak with the manager or to the representative of the provider when they visited. This number was also available to people living in the home. Staff we spoke with told us that the home was well led. One told us that "I can talk to the manager and I feel listened to." This indicated the management of the home was open and responsive.

Staff said they had regular training, meetings and supervisions so they could raise issues and develop skills. There was evidence that any staff performance issues were addressed. The manager of Manningford had been registered with us since September 2014 for this home. The registration requirements for the home were met. The manager was on leave on the day of our inspection visit. However, the deputy manager reported to her the feedback we had given and we received confirmation that the manager had acted on the issues we had raised immediately. This indicated that systems were in place to ensure that the home was well-led.

We found that records were up to date and well organised. We checked how the manager identified any trends in for example in incidents and accidents. We found that incidents were reported to mental health teams as part of people's care. The provider, in addition, had comprehensive systems in place to determine trends in accidents.

Although people and staff said that they had not been asked to complete surveys about their views the representative of the provider visited the service and asked people who lived there about their care and this meant that people knew him. He also talked with staff and staff confirmed that this happened. Periodically managers assessed their service for the quality and compliance with regulations. The provider arranged this to be reviewed by another manager in the business who also talked to staff and people who live in the home. The latest quality assurance assessment took place in December 2015. We looked at this and found that the self-assessment and verification of this by another manager found similar issues with night staff training as we found and made suggestions about how these concerns could be addressed. This indicated that appropriate measures were being taken to continually review the quality of the home.