

Holmleigh Care Homes Limited

# Mantley Chase Residential Care

## 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 17 February 2016 and was unannounced. Mantley Chase provides accommodation and personal care for up to 10 people with a learning disability or autistic spectrum disorder. There were 10 people living in the home at the time of our inspection. Mantley Chase consists of the main house and an adjacent coach house. The main house has a lounge, dining room, kitchen and seven bedrooms set over three floors. The coach house has an open planned living room and kitchen and three bedrooms. People have access to a secured outdoor space.

A registered manager was in place as required by the service's conditions of registration. 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 benefited from a safe service where staff understood their safeguarding responsibilities. Staff had been trained to recognise signs of abuse and report any concerns to their managers and other relevant authorities. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Occasionally people became upset, anxious or emotional. Staff were knowledgeable about the triggers which caused people to become upset and how to support them. Any incidents were investigated to understand if a situation could have been managed better by staff. There were clear audit trails of people's daily financial transactions to prevent the risk of financial abuse. A system was in place to ensure the home was clean. However, not all chemicals cleaners used to clean the coach house were securely stored. The registered manager immediately addressed this and requested a locked cabinet to secure and store the cleaning fluids.

People's privacy, dignity and decisions were respected and valued by staff. People who were able to make decisions for themselves were involved in the planning of their care and consented to the care and support being provided. They were encouraged to express their choices and preferences about their daily activities. Their care and support plans were personalised and reflected their needs and choices. People's needs were reviewed regularly. Where necessary, staff had appropriately referred people to health and social care services. People's dietary needs and preferences were catered for, documented and known by the staff and their medicines were managed and administered safely in accordance to their assessed needs.

Safe recruitment and the monitoring of staff levels ensured that people were supported by suitable numbers of staff with the appropriate experience and character. Records showed staff were supported and trained to meet people's diverse physical and emotional needs.

Relatives told us their concerns were always listened and responded to. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

## 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.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Systems were in place to ensure people were protected from financial abuse.

People were supported in accordance to their risk management plans and received their prescribed medicines in a safe and timely manner.

There were sufficient numbers of well recruited staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

Staff encouraged people to make choices about their day and respected their decisions. People were encouraged to maintain a balanced diet.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

### Is the service caring?

Good ●

The service was caring.

Relatives were positive about the care people received. They complimented the staff.

People were relaxed and calm around staff. They used different methods to communicate with people and adapted their approach accordingly.

People's privacy, dignity and decisions were respected and valued by staff.

### Is the service responsive?

Good ●

The service was responsive.

People or their relatives had been involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. People were supported to engage in activities in the home and the community.

People and their relative's concerns and complaints were encouraged, explored and responded to in good time.

### Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff had confidence in the registered manager and senior staff.

Effective systems were in place to monitor the quality of care and support that people received. Internal audits had identified shortfalls and action had been taken.

# Mantley Chase Residential Care

## **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 17 February 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

Most people were unable to communicate with us due to their complex needs. We spoke with one person and we saw how staff interacted with people around the home. We also looked around the environment. We spoke with three members of staff, the deputy managers and the registered manager. We looked at the care records of four people and records relating to staff recruitment, training and development. We inspected the records relating to the management of the service, which included the management of accidents and incidents. After the inspection we spoke with two relatives by telephone and sought their views about the service.

# Is the service safe?

## Our findings

People who lived at Mantley Chase were safe because systems were in place to protect them from avoidable harm. Relatives told us they felt their loved ones were safe living at the home. We received comments such as, "I have no worries about the home. I know he is safe in their care" and "We are confident that the residents are being looked after well. We have been very happy with the care they receive".

Staff had been trained in understanding their responsibility in protecting people from harm and reporting any concerns. Staff told us the actions they would take if they suspected a person was being harmed or abused. The provider's safeguarding policy and a flowchart were available to give staff clear guidance on how to report any allegations of abuse. An easy read version of the policy was also available for people to read. The registered manager and senior staff had notified the appropriate agencies and CQC when incidents of concerns had been raised. Records showed that incidents had been investigated and staff had discussed and implemented actions to help reduce the risk of the incidents reoccurring.

People were protected from financial abuse as effective processes and systems were in place to support people to manage their money. Records showed an audit trail of daily income and expenditure transactions. Staff worked with people to ensure their daily expenses and activity costs were kept within their financial means. They were working with one person to help them budget for their daily expenses. They were being assisted to research into a selection of low cost activities which they may enjoy. Relatives told us they were confident that people's money was being used appropriately. People's monies were checked three times a day to ensure their money was accounted for.

People at Mantley Chase had complex physical and emotional needs. Their physical, emotional and environmental risks had been identified and managed well. Most people were unaware of potential risks to themselves such as road safety or risks associated with kitchen activities. Their individual risks had been identified, assessed and recorded to give staff clear guidance of how they should be supported. For example, guidance was in place on how one person should travel in the car. Guidance helped the person and staff to travel safely in the car and help mitigate the identified risks. Risks related to personal hygiene had been identified for another person who needed assistance with shaving and cutting nails. Risk assessments had been carried out to keep people safe in the home. For example, personal fire evacuation plans were in place to ensure people remained safe in the event of a fire.

Assessments had been carried out for people who had difficulty managing their own emotions when they became upset or frustrated. Staff were knowledgeable about their emotional risks and were able to tell us how they managed situation if people became angry and upset. Discussions with staff and records showed staff had supported people in the least restrictive way when they had become upset. Any Incidents had been documented and analysed. The registered manager and staff had discussed the incidents and discussed any indicative triggers which may have caused people to become upset and how these should be better managed in the future. For example, an analysis of one incident recognised that the person who became upset may have started to be confused as too many people were talking at the same time.

One of the deputy managers was developing a functional analysis tool to help the registered manager to analyse the trends and patterns of people's behaviours and emotions. They showed us an example of one person which had identified an increase in their behaviours which may challenge others in the morning. They were working with other health care professionals to develop a plan which would support this person.

People were supported by adequate numbers of staff to meet their needs. Where there were gaps in the rotas, staff had picked up additional hours and shifts so people could be supported by a consistent staff team. On occasions, the registered manager and agency staff who were known by people and trained in supporting people with complex needs were used when there had been staff shortages. The registered manager was working to fill three vacancies in the home. The home was being extended to provide four additional self-contained flats for people with high complex needs. The registered manager was preparing and planning for the recruitment and induction of new staff ready for when the new flats would become available.

Safe recruitment practices were followed before new staff were employed to work with people. Most checks had been made to ensure staff were of good character and suitable for their role. However, one of the four staff files we looked out hadn't explored why there were gaps in their employment history. Although, staff records and discussions with this staff member confirmed that they had been mentored and supervised closely in their induction period to ensure they were suitable to care for and support people. People had also involved and had input into the recruitment interviews and process to ensure they liked any potential new staff.

People were given their medicines by designated staff who had been trained to manage and administer their medicines. The staff's knowledge in handling medicines was checked twice a year or more frequently if an error in managing people's medicines had occurred. The deputy manager said, "We check and check again that people are given their correct medication. If there are problems, we investigate and put it right". Staff wore a red tabard which indicated they were recording and administering people's medicines and should not be disturbed. Staff gave people time to take their medicines and were respectful in their approach.

Most people's medicines were stored in their own individual medicine cabinets within their bedrooms. However, medicines for some and those who were prescribed medicines to be used as required were securely stored centrally. People had a care plan and risk assessment in place for the level of support they required with their medicines. Staff were supporting one person to manage their own medicines.

Medicine administration records (MAR) were completed after people had taken their medicines. Frequent audits of the MAR had detected where errors in recording people's medicines had been found. For example, an error in the completion of one person's MAR. The registered manager took appropriate action and investigated the incident to ensure there was no adverse impact on the person. Protocols were in place to guide staff if people required medicines such as to assist them with their emotions 'as required'. The stock levels of these levels were checked twice a day. Medicines which were not used were recorded, stored and returned to the pharmacy.

Staff, with some assistance from people, were responsible for the cleanliness of the home. Guidance was in place to ensure people's rooms were cleaned according to their needs. Most chemical cleaners which may be hazardous to people were stored securely, however we found some chemical cleaners were left unsecured in a communal bathroom of the home's annexe. This was raised with the registered manager who immediately contacted the provider's maintenance person and requested a secure cabinet to store the chemical cleaners.

## Is the service effective?

### Our findings

People were supported by staff who had been trained to support and care for them. New staff were provided with the training and skills they required to carry out their role effectively and confidently. One staff member said, "My induction training was really good. It really opened my eyes and made me think about my role and how people should be valued". New staff also told us they were given time to shadow more experienced staff and develop a working relationship with people so that people could become familiar with them before they became part of the team. Each staff member's line manager assessed their acquired skills and care competencies for their role within appropriate timescales.

Where required, staff had updated and refreshed their training to ensure their skills and practices were current. Staff spoke positively about the training they had received. One staff member said "Yes, the training is very good. We are regularly reminded to go on updates". Staff had received training which included safeguarding and health and safety.

Staff met privately with their line manager at least four times a year and also attended an annual appraisal meeting to discuss their progress and personal development. Any shortfalls in their conduct and practices were addressed with further mentoring or training. A plan was in place for staff training and supervision which was monitored by the registered manager to ensure people were safeguarded from being cared for by untrained staff. Where people's needs had changed, the registered manager had arranged additional training for staff. For example, staff had received additional training on understanding how to support people who had been diagnosed with seizures and diabetes.

The registered manager and staff understood her role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. The majority of staff had been trained in the understanding of the Mental Capacity Act 2005 (MCA). Where staff had not completed this training there was evidence that training had been planned. 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. The registered manager and senior staff had carried out advance training regarding the MCA. Staff understood the principles of allowing and encouraging people to make their own decisions. This was embedded in their practice such as obtaining consent before they supported people with their personal care or provided support. People were supported to make their own decisions and were involved in the planning of their care. Where possible, people consented to the care and support being provided. Families and significant people had been involved in making decisions where people had been assessed as lacking mental capacity to make their own decisions. For example, some people had been assessed in line with the principles of the MCA as not having the capacity to understand the importance of taking their prescribed medicines. Therefore a best interest decision had been made to provide full assistance in the management of their medicines.

Some people were continually being supervised and deprived of their freedom as they were unaware of



potential risks and hazards within the home and in the community. 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). The registered manager had identified those people who were being deprived of their liberty and had applied to the local authority to be authorised to do so. The home was waiting for the local authority to assess the supervision and restriction of people. In the meantime, staff supported people in the least restrictive way and allowed people as much freedom as possible.

People were supported to maintain a healthy and well balanced diet. They were weighed regularly to ensure they maintained a healthy weight. People's preferred eating routines and likes and dislikes about food were recorded to give staff guidance. Staff knew people well and knew the preferences and choices in the meals of people who were unable to communicate. One staff member said, "We plan what they like to eat and we try to make sure there is something on the menu that everybody likes. If something new is tried, we watch for signs if they like it or not. If they don't we will make something else".

One designated staff member was responsible for the planning of homes seasonal menu. We were told that people had various opportunities to express their preferred menu choices. Staff showed them a selection of pictures of different foods to help them choose the meals they wanted. People accompanied staff on shopping trips to purchase the groceries for the planned meals.

Staff had a good understanding of people's general well-being. They had referred people appropriately to health care services such as their local doctor, psychologist and speech and language therapists if they had concerns about their wellbeing. Staff accompanied people to their health care appointments to provide reassurance and to speak to health care professional on their behalf when required.

The home had been decorated and adapted to people's individual tastes and sensory requirements. Some people preferred their bedrooms to be minimalistic while others enjoyed their pictures and belongings around them. Staff had worked with one person to introduce some colours and minimal decorations in their bedroom to help their sensory needs.

# Is the service caring?

## Our findings

Most people were unable to express their views about living in the home. Although one person said, "Yeah, I like it" when we asked them if they enjoyed living in the home. We were unable to spend long periods of time with people as some people had attended activities and others became anxious due to our presence. However, throughout our inspection, we heard and saw positive interactions between staff and people. Staff chatted with people in a friendly and warm way and provided them with the sensory stimulation they required. Staff respected people, for example we saw staff being polite to people and speaking with them in a respectful and kind manner.

People appeared relaxed and comfortable around staff. Staff knew people well and were able to adapt their approach and manner for each person. People expressed their opinions in their own unique way. Staff patiently listened and tried to understand their views and expressions. They adapted their approach to help the flow of two-way verbal and non-verbal communications where possible.

Relatives were positive about the care people received. They told us the staff were caring and very patient with people. We received comments such as: "The home is brilliant. I'm really impressed. I would highly recommend the home"; "From what I see the staff are great. No concerns what so ever" and "They are very good, I have no questions about how he is looked after." Relatives also told us staff had supported them and considered their needs. One relative told us how staff had supported them to maintain links with their loved one and said, "We have had a pretty awful couple of years, but we are very pleased he is at Mantley Chase. The staff have been amazing and helped him settle in".

People's privacy and dignity was respected. Staff introduced us to people and tried to explain the purpose of our visit and why we were spending the day in their home. They asked people's permission to show us their rooms. People's need to have time to themselves was also respected. People were given choices about how they wanted to spend their day or carry out an activity. We saw staff giving people information about the activity which helped them to make a decision about whether to carry out the activity or not. Staff helped people to sort out their individual problems for example; a staff member told us how they helped one person to repair an item which belonged to them. The staff member said, "Together we fixed it and it made them smile. It made me pleased that I had helped them with a small thing".

We observed that the home's philosophy of care which included ensuring people had a sense of fulfilment and received care where their dignity and privacy was respected was embedded in the staff approach and the support they provided. One relative confirmed this and said, "The care that is provided is very high standard".

People were encouraged to maintain and learn skills to enable them to become more independent such as personal hygiene skills. Where people did not have family to support them, they were told about advocacy services that were able to speak up on their behalf. Information about advocacy services was available to people.

## Is the service responsive?

### Our findings

People's care records were focused around their needs, support requirements and preferences. A one page profile gave staff a summary of each person, including what they like, an overview of their personality and what people admire about them. People's health and emotional well-being had been comprehensively assessed to ensure staff understood their needs and levels of support. People's care records were centred on their needs and personal preferences. Guidance was given to staff on people's preferred routines and how they should promote people's independence such as with personal hygiene activities. Important information about people was shared between staff to ensure there was a consistent approach and people's progress was monitored and recorded in daily notes.

People and their relatives had been involved in planning their care. Relatives told us they were confident in the staff to manage and support people with their needs. They told us that staff kept them informed and involved in any changes in people's care. One relative said "They are very good to us. They have kept informed and they are very supportive to us". Another relative said, "We get informed of any changes or concerns and we get invited to attend his yearly review so we can keep up to date with his progress".

Staff had been responsive to changes in people's health needs. For example, Staff had recognised that one person who was unable to communicate verbally was in pain by the change in their behaviours. Their relative told us, "The staff have got to know him very well in a short period of time. They were able to see he was not comfortable and quickly made the necessary arrangements for him to see a doctor". Staff supported the person and spent time with them while they were in hospital.

Some people had high complex emotional needs and required a lot of support and reassurance from staff to support them with their daily activities. Staff knew people well and were observant for triggers which may cause a change in their behaviour or emotions. Guidance was in place for staff to help distract people becoming upset or frustrated to help manage their emotions. One staff member had worked at the home for several years and had built up a good relationship with people who lived at Mantley Chase. They described their approach and how they had worked on building on the positives attributes of people. They said, "Communication is key. We try and not say no to residents but start with a positive and work it out together and then come to a conclusion".

People were given opportunities to carry out activities. Most people had individual support to carry out an activity in the home or in the community. Some people went to planned events such as swimming, day centres, sensory rooms and other activities at the home. One person enjoyed socialising and working in the community independently. Staff had worked with this person to increase their independency and to be aware of risks as well helping them to understand social boundaries.

People's day to day concerns and issues were addressed immediately. Staff told us they were observant for any changes in people's behaviours or moods which may indicate that people were not happy. One staff member said, "Some of the service users can't tell us if they are unhappy, so we use different ways such as pictures or sign language to find out what's wrong". The provider's complaints policy and an easy read

version was available to people and their relatives. Records showed that when relatives had raised a concern, it had been explored and responded to in accordance with the provider's policy and was used as an opportunity to improve the service. The registered manager subsequently discussed the complaint and any actions to be taken in staff meetings.

## Is the service well-led?

### Our findings

People who lived at Mantley Chase had complex needs. Staff supported people with their emotions and how to live amongst other people. When incidents of significant disagreements had occurred between people, the registered manager had informed CQC and other relevant authorities. We discussed some of the incidents which had been raised with CQC with the registered manager and deputy manager. They were able to tell us how staff had supported people during the incident. The staff had also met to debrief and consider what could have triggered the incident and future action to take to reduce the risks of incidents. Where possible, the registered manager had also discussed the incident with the people involved.

The registered manager shared with us the vision and objectives of the home and discussed the expansion of the home. The provider was extending the home to provide four self-contained flats for people who required more extensive support. Building work was in progress at the time of our inspection. Staff were mindful of the disruption the building work which may cause people who were living at Mantley Chase to become upset or anxious. One staff member said, "We are a lot more watchful of the residents here to make sure that the building work isn't upsetting people".

The registered manager and senior staff had carried out regular audits of the premises, facilities and the service being provided. For example, there were regular checks of the fire safety and detection systems. Staff also carried out weekly checks on the company vehicles, water tests and cleaning audits. Other audits included infection control, catering, medication and record keeping. Some audits had identified short falls which had been documented. For example, the record keeping audit had identified that people's daily notes had always been thoroughly completed in detail. Staff had been given examples of best practice when completing people's daily notes. The deputy manager said, "We identified that the daily notes were not been completed thoroughly, so I have been through them with the staff and I will be continually monitoring them". The provider's representative also regularly visited and monitored the home. The registered manager and provider had responded to identified shortfalls in the service. They had recently worked on an action plan with the local authority to improve the services.

The registered manager and senior staff had developed the staff team to consistently display appropriate values and behaviours towards people. They regularly worked alongside staff and reinforced good practices. Staff told us they felt supported by the registered manager and deputy manager. One staff member said, "The managers here are really good. They are brilliant and give me advice and support". The registered manager told us they felt supported by the provider. They said, "If I have a problem, there is always someone I can ask. Me and the two deputy managers also support each other a lot. We have got a good team here". We observed the registered and deputy managers sharing information and discussing incidents to ensure people and staff were appropriately supported. Regular meetings were held so that the team could raise any concerns about their work or the needs of people who lived at the home.

Relatives were assured in the management and the running of the home. One relative said, "I can't fault them. We are kept well informed. I am confident in the managers and how they and the staff care for the people that live at Mantley Chase". They told us their concerns and issues were addressed immediately.

