Ms Ann Mangham

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on the 13 November 2015. The inspection was unannounced. At the last inspection of the home in October 2013 the service was compliant with all of the regulations assessed.

Ann Mangham provides accommodation and support for up to ten people with mental health needs. There were nine people living at the service on the day of the inspection. The service mainly provides guidance and supervision to promote an independent lifestyle.

The home does not need a registered manager as it is run by the registered provider Ann Mangham. 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.

The home had safeguarding policies and procedures in place to support staff and staff told us that they would

Summary of findings

have no hesitation in raising any concerns regarding people's safety and welfare. The people we spoke with unanimously told us that they felt safe living at the service.

Risks were identified and recorded in people's individual care plans and people were supported to take responsible risks. Regular checks were carried out on the premises to ensure that they were safe.

People told us there were sufficient numbers of staff on duty. People spoke highly of the staff and we observed warm, friendly interactions between them. We saw that staff went through a thorough recruitment regime before employment commenced. Recruitment checks were completed before staff commenced employment.

People received their medication safely. They were supported to manage their own medicines where possible.

The home was clean and smelt pleasant. Some minor improvements were agreed with the registered provider to further reduce any risks of infection.

People had an assessment to see whether the home was suitable and people were positive about the care and support they received.

Staff received appropriate induction, training and support to help them in their roles. People told us that staff were skilled in caring for people. Staff told us that training supported them in caring for people effectively.

People were supported to make their own decisions and where they were not able to do so, meetings were held to ensure that decisions were made in the person's best interests. If it was considered that people were being deprived of their liberty, the correct authorisations had been applied for. Their consent was sought regarding all aspects of their care.

People told us that they enjoyed the food and that their likes and dislikes were considered.

People were supported to attend health appointments and appropriate referrals were made where people required support with any aspect of their health. Information regarding people's health and welfare was recorded in their care records.

The home was individually furnished and decorated. People personalised their rooms to make them more homely. However we found that the garage which was being used as a gym and a laundry had a hole in the floor and this room had not been decorated or risk assessed to ensure it was safe for people to use.

People consistently told us they were well cared for and said they were treated with dignity and respect and we observed this throughout our visit. People were encouraged to be independent and we saw people come and go throughout the day. People chose how to spend their time. People told us their views and opinions were sought and we saw that advocacy was accessed where someone required support with this. This helped to ensure that people's views and opinions could be taken into account.

People told us that the service responded to their needs. People's care needs were reviewed and records maintained. People had detailed care plans which recorded how they wanted to be cared for. It was not always evident that people were signing their agreement to any changes in care.

People told us they could choose how to spend their time. We observed people choosing what they wanted to do and where they wanted to go. Eight of the people living at the service went out independently. There were few structured activities or groups taking place however people told us that they were happy with the way they spent their time.

People told us they were able to complain and raise any issues with the staff or management.

People spoke positively of the staff and management and it was evident that people living at the service knew the registered provider and staff well.

People's views and opinions were sought and the deputy manager had implemented a new quality monitoring system aimed to monitor all aspects of quality at the service. We saw that people's views and suggestions were responded to.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe and we saw that risks were appropriately assessed and managed.

Staff were recruited safely and there were sufficient staff on duty to care for people meet people's needs.

Medication systems were well managed and people were supported to manage their own medicines where possible.

Good

Is the service effective?
The service was not always effective.

Staff received induction, training and supervision to support them in their roles.

The registered provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were able to share their views and consent to any care or treatment.

People's health needs were appropriately monitored and staff understood how to support people to maintain good mental health.

We found that risks to the environment were not always identified and maintenance work was required to the gym area so that it was safe for people using it.

Requires improvement

Is the service caring?
The service was caring.

People told us that they received good care from kind staff and we observed warm and caring relations between those living and working at the home.

Privacy and dignity was respected and staff supported people to remain independent.

People told us that staff discussed their care needs with them and we saw that where able, people signed their agreement to their care records.

Good

Is the service responsive?
The service was responsive.

People were supported to lead their lives in the way they wished to.

People's views and opinions were sought and their ideas and suggestions were responded to.

Good

Summary of findings

People did not have any complaints but told us they could talk to staff if they did. Any complaints were appropriately responded to.

Is the service well-led?

Good

The service was well led.

There was a warm friendly atmosphere and staff spoke of a positive culture.

Meetings took place and surveys were sent out to seek people's views and opinions of the way the service was delivered. People told us their views were sought and that suggestions for improvement were acted upon.

New auditing procedures were in place to monitor the quality of the service provided.

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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 registered 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.

The inspection took place on the 13 November 2015. It was unannounced.

The inspection team consisted of one adult social care inspector and a specialist professional advisor who had experience of mental health services.

Prior to our visit we looked at information we held about the service which included notifications. Notifications are information the registered provider sends us to inform us of significant events. We did not ask for a provider information return (PIR) for this inspection, as we had changed the date that we had originally planned to carry out the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

We talked in detail to all nine people living at the service. During our visit we spoke with the provider, deputy manager and three staff. We also carried out a tour of the service.

We looked at three people's care records, six people's medication records, four staff recruitment and training files, maintenance files and a selection of records used to monitor service quality, which included meeting minutes and audits which had been completed.

Good

Is the service safe?

Our findings

People consistently told us that they felt safe. One person living at the service told us that "I really do feel safe here, I can do the things I want to do and have support back here when I need it." Other comments included; "The staff couldn't do anymore for me, everything I need is here" and "I wouldn't want to be anywhere else." Another person told us if it wasn't for the staff supporting them they would not be as well as they were.

The home had safeguarding policies and procedures in place. Staff members that we spoke with had a basic understanding of safeguarding vulnerable adults and the steps that needed to be taken to safeguard people from abuse. Staff felt confident in raising concerns with the manager or deputy manager if needed and reported that they would approach them or the local authority if there were any concerns.

We looked at the way in which risks were managed. People were supported to be as independent as possible and risk assessments were in place to minimise risks to people. We saw risk assessments for the environment which included water flushing checks, shower head cleaning and temperature checks. Fire evacuations were completed regularly so that staff and people living at the service knew what action to take if the alarms sounded. The home did not have an up to date fire risk assessment or individual personal emergency evacuation plans (PEEPs) in place, although they did have a summary of what action to take in the event of a fire. PEEPS are documents which advise of the individual support people need in the event of an evacuation taking place. The registered provider told us they would seek advice from their Fire Officer in relation to fire risk assessments and PEEPS as this had not been raised as a concern by them in previous visits.

We looked at other checks which were completed on the premises. We saw up to date certificates for fire safety, electrical wiring, gas safety and portable appliance tests (PAT). These checks helped to ensure the safety of the premises.

We saw that care plans listed the risks associated with the care of the individual person. We saw that people were supported to take risks and were supported in being independent. Many of the people living at the service went out independently. We saw that risk assessments covered areas such as road safety, smoking, medication and cooking. We saw that people signed their agreement to their risk assessments.

There was no evidence of restrictive practices during the inspection. We observed people moving around freely. We saw that people went in and out of the home independently.

We asked to look at accident and incident records. We could see that these were analysed by the deputy manager during their monthly audits. This meant that any themes or particular areas of concern could be identified at an early opportunity.

All the feedback we received regarding the staff was positive. We were told that there was one vacancy at the service which the provider was advertising for. People told us that there were sufficient staff on duty to care for people safely. People told us that there were always adequate staffing levels during the day and at night. They felt confident that they could always find someone if they needed any assistance. All nine people we spoke with were aware of who the manager and deputy manager of the service were and had no concerns about the staff.

Staff reported that sickness was always covered internally by their own staff doing extra hours; there was no evidence of agency use which meant the people living at the home were looked after by people whom they knew and had a relationship with, ensuring consistency in their care. They reported no experience of having to work when short staffed, unless it was a situation which was unforeseeable. The deputy manager spoke of the difficulties in recruiting and retaining staff and stated this is something they were constantly addressing.

We looked at the recruitment files for four staff employed at the service. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) first checks had been obtained before people started to work at the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

Staff members who we spoke with were aware of the medication policy which was in place. We reviewed the

Good

Is the service safe?

medication administration record sheets (MARS) for six people and found these to contain a recent photograph of the service user, any known allergies as well as date of birth so that the person could be easily identified. This would also help to ensure the right medication was given to the right person. There was a link with the local pharmacy which dispensed dosette boxes and audited any prescriptions for contra-indications. The medication was stored appropriately and there was evidence of appropriate disposal of medication and of clinical waste.

There was no controlled medication on the day of the inspection but the staff member we spoke with had a clear understanding of how these were managed and stock checked. There was no fridge in the clinic room but any medication that required storing in the refrigerator was stored in a small medication box in the main fridge.

The service had a policy on infection control. We did not note any unpleasant odours during our visit. However there was no hand soap in the staff/visitor toilet in the main building and no hand towels in the toilet located in the manager's office. We were told that soap had to be kept locked away for safety reasons. (It had been identified as a risk for one individual). We discussed alternatives; for example a wall mounted soap dispenser. The registered provider and deputy manager advised that the manager toilet was only used by management but agreed that it would be good practice to have disposable hand towels available.

Requires improvement

Is the service effective?

Our findings

We carried out a tour of the premises. There were no aids or adaptations in place as people were mobile and able to move around the home independently. We were told that some people were using the garage as a gym as there was an exercise bike in there. However we saw that there was a hole in the floor at one end which was filled with stones and covered over. There was no risk assessment in place, despite the fact paint and combustible items were stored in this room which may pose a risk to people.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they received effective care. "I can plan my own day, with staff support. I really suit myself", they then went on to say that "Staff were always there for them day or night." They said they could access support if they needed it. Another person living at the service told us they were "Free to do as they liked" and that "Everything I could ever need is here" and "I don't know what more they could do."

Each person living at the service had an assessment to make sure that the service was able to meet their needs and to check that it was the right placement for them. Many of the people who lived at the service had been there for a number of years.

We saw that staff received an induction when they started work and had training to help them carry out their roles effectively. The registered provider told us that all new staff would be accessing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. Staff reported sufficient induction periods and also periods of shadowing more experienced staff until they felt confident and competent in their role.

The deputy manager had put together a staff training matrix and we saw that courses were provided in a range of topics. This included; food hygiene, health and safety, medication management, challenging behaviour, fire safety and safeguarding adults from abuse.

Client specific training had also been provided and we were told that topics had included mental health and dementia awareness. Staff had also been able to access National Vocational Qualifications (NVQ).

We looked at supervision and appraisal records. Supervision was provided every three months and an appraisal was provided annually. In addition competency checks were completed on a three monthly basis. All of the staff we spoke with told us they felt supported by management.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered provider told us that one person who lived at the service had a DoLS in place. We saw that the correct documentation and authorisations were in place. Staff had received training in the MCA and understood the steps to take if they felt someone was suddenly unable to consent due to fluctuating capacity.

Staff told us that they rarely dealt with any type of behaviour which was challenging to others and never carried out any form of restraint. Training in supporting people with behaviour which was challenging to others was provided.

We saw that people were signing to give their consent to their care. However it was less evident that people were also signing their consent to any changes in their care plan although the registered provider and staff confirmed that any changes were discussed. The service had CCTV installed in all of the communal areas of the home. The registered provider told us that people had consented to this and we saw a sign was displayed outside the main door advising people of this. However there was no written evidence to demonstrate people's written consent which the registered provider agreed to action.

Requires improvement

Is the service effective?

People told us they liked the food. Nobody was on a specialist diet when we visited but staff were clear that they would contact the GP or a dietician if they identified concerns regarding someone's nutritional needs. People's nutritionalneeds were assessed during their admission with particular reference to likes and dislikes. During our inspection, all the people living in the home had been out to lunch. This was something they were all happy about and they told us they enjoyed being out in the community.

Meals at tea time were cooked together with staff and people living at the service. People living at the service told us that the food "Was the best"; "You can have whatever you want" and that "Nothing was too much trouble". People living at the service told us they had a say in what food was prepared through the residents meetings and in general conversation with staff.Some people had fridges in their rooms, so could have their own snacks and drinks. We observed people helping themselves to drinks and snacks throughout our visit.

People were supported to attend a range of health appointments. On the day of our visit two people were going to see their dentist. The registered provider said that they supported people with health appointments and had even gone as far as having their own blood taken to demonstrate to an individual that this was required. Annual health checks were completed by the GP and people attended routine health screening appointments for example; breast screening. We were told that people had recently received a flu injection and saw records to support this.

We saw that information regarding people's physical or mental health conditions was recorded on people's individual care file and that any health matters were followed up in a timely way. Staff appeared to have a good understanding of the people they looked after and were able to identify early indications that the client may becoming unwell and would need to be assessed by their psychiatrist or community psychiatric nurse. Staff were aware of the process in which to do this.

People's rooms were individually furnished and decorated and personalised with items of their choice. People told us that they had a say in how the environment should be decorated.

Good

Is the service caring?

Our findings

People told us that they were well cared for. We observed warm and friendly interactions between people living and working at the home. People living there told us “This is my home and I am happy here and have been happy here for years” and “Nothing is too much trouble for the staff here”. “The staff keep us all going, we have a joke and I can’t thank them enough.”

People we spoke with referred to the staff as "Marvellous." We were informed that "They (the staff) treat us like family"; and that "The staff really get things moving here."

Staff were observed to have a genuine caring relationship with the people living at the service. Many people had lived there for many years and expressed that they wanted to stay there for the remainder of their lives. One person told us they were unsure if they were able to stay there permanently due to their age but said "There was nowhere else I would rather be."

Another person told us that they struggled with motivation as part of their mental ill health. Staff had encouraged them to get a dog and they told us how this had benefited their mental health and given them a goal and purpose to get up every day. People told us they were respected and had their privacy and dignity respected at all times. People living in the home told us that the "Staff knock on our doors" and "Staff don't come in unless invited."Staff could explain what privacy and dignity meant and told us that "Assumptions were never made about people." Staff told us they knocked on people’s doors, asked people how they preferred to be addressed and were aware of the importance of maintaining privacy and dignity.

Staff told us that they encouraged everyone to be as independent as they could and recognised that everyone's optimum level of functioning was as individual as they were. They assisted people with as little or as much support as they needed, whilst ensuring that everyone was working towards maintaining their own independence. We observed how people were supported to be independent and saw that people’s independence was supported. The majority of people living at the service went out independently. They were able to make drinks and some people were supported to cook their own meals.

Staff members had an awareness of equality and diversity as they had attended training in this. The registered provider and deputy manager discussed how they considered equality and diversity in everyday practice. Staff were clear about the importance of respecting people as individuals with a diverse range of needs.

People were supported to access advocacy services. One person was seeing an advocate on a regular basis. An advocate is someone who can help people to access information and services, be involved in decisions, explore choices and options, promote rights and speak about issues that matter to them. This can support people in making their views and opinions known.

We saw that records were stored in a locked office to maintain confidentiality. This meant only those who needed to access people’s personal information were able to do so.

We saw that people’s requests for their wishes at the end of their life were recorded within their care plan. Staff talked to people so that their needs and wishes could be upheld by staff and others involved with their care.

Good

Is the service responsive?

Our findings

People living at the service told us that staff were consistently responsive to their needs. Comments included; “They make appointments for me” “Things get sorted here” and “Anything I need, I get.”

We looked at the assessments and care plans for three people. Each person had an assessment prior to moving into the home to make sure that the home was the right place for them and able to meet their needs. People had individual care plans which recorded the way that they wanted to be cared for. Care plans included important people in my life, health and keeping safe, mental health and behaviour, personal care needs and risk assessments. Some of the care plans were difficult to navigate and to find information quickly. However, staff were clear of people’s needs and knew and understood how they should be cared for.

People also had daily diaries where staff recorded information about what they had done during their day. We saw that monthly reviews were held and although people told us they were involved, it was not always evident that people signed their agreement to these reviews although we were told by people, staff and managers that discussions did take place.

Daily handovers took place so that important updates could be shared with staff on each shift. Staff said that they had time to discuss any changes and to read care plans so that they could continually respond to people’s changing needs. They spoke positively of the communication systems at the home stating that “Staff knew each other and the people they supported so well.”

We asked what people did during the day. We were told that most people went out independently. People attended events in the local community. We were told that people attended a weekly coffee morning at the local church. No-one living at the service attended a work placement and although staff had tried to encourage people to attend courses at local colleges, people had declined.

People’s short term goals were recorded in their care plans. One person had wanted to go on holiday and this had taken place. The registered provider said that people had declined to go on holiday as a group and said that they had taken people on day trips of their choosing. For example one person had wanted to watch motor racing and the registered provider had organised this.

We saw that people’s life histories had been discussed and recorded so that staff knew information about people and their past lives. This is particularly important as it enables staff to communicate with people about things which may be of importance to them. Staff were very knowledgeable and respectful of people and knew and understood that not everyone would want to discuss their previous history.

People had transfer to hospital sheets in case of admission to hospital. These contained important information about the person which other health professionals may need.

One person told us that they had lived at the service for a number of years and during that time had not had any hospital admissions, noting that these were a regular occurrence prior to admission to the home. They attributed this to the level of support they received from staff and the fact that they knew them so well. They said that staff were able to promptly recognise triggers and early warning signs which may indicate they were heading towards a relapse in their mental health which meant that staff could access the appropriate support.

People told us they had autonomy in how they wanted to spend their day. They reported spending time in the local village or neighbouring towns looking at charity shops or going for lunch. They reported enjoying this and feeling ‘Part of the local community.’People living at the service appeared satisfied with how they spent their time. However, it was noted that there were limited structured activities or groups and there was a lack of group sessions which focus on mental health education and recovery. There did not appear to be clear links to volunteering or education based on people's own personal goals.However people did not raise any concerns regarding this and some people although offered educational opportunities had declined them. In the evening and weekend some activities were offered on an ad hoc basis but this appeared to be without structure.

People we spoke with were aware of who to complain to if they were not happy about something and all felt confident in approaching the registered provider, the deputy

Good

Is the service responsive?

manager or staff. We saw that a complaints and compliments book was available. The service had a complaints procedure and we saw that complaints were responded to and appropriate action was taken

Good

Is the service well-led?

Our findings

The service was owned and run by the register provider. A deputy manager was in charge of the day to day running of the service and it was hoped that they would take over the registered manager role once they had completed their National Vocational Qualification (NVQ) level 5 in management which they were enrolled on.

It was evident that people living at the service knew the register provider and deputy manager and staff well. Staff spoke of a positive culture and said that the managers were approachable, supportive and visible in the home. "Any problems and I can approach the provider or deputy manager, no questions are asked, just dealt with." "We are all going out at Christmas, we all get along well" and "We are like a family here, I would move in."

Staff said they were well supported with an 'open door' policy from the management; they told us that they felt listened to and said they could share their views and opinions. They told us that regular meetings took place and said they were able to share their views and opinions. They told us that they were confident that issues raised would be acted upon.

All of the staff spoke of the warm, caring, family environment in which they worked. They told us they all got on well with one another and enjoyed working at the service. Staff were clear about their roles and responsibilities and the support that people needed.

People's views and opinions were sought and people told us that staff listened to them. Surveys were sent out to health professionals, staff and people living at the home to seek their views of the service. The information from these was collated and recorded in a report which included any actions the registered provider was taking. Examples included a request for a smoking shelter outside which had been provided. Other areas discussed were changes to menus or to décor within the home, all which had been actioned.

The deputy manager had implemented a new audit tool which looked at medication, accidents, infection control, health and safety, maintenance checks, complaints, supervisions, staff issues, finances and policies and procedures. We asked how the quality of care was reviewed. We were told that monthly reviews took place and meetings for people living at the home were held. We were shown copies of the minutes of these meetings. We saw that where suggestions had been made that these had been responded to.

Policies and procedures had all been updated in April 2015. These were updated by an external company. Staff knew that policies and procedures were available to support them in their roles. We asked how the service kept up to date with research and changes to legislation. The registered provider told us that they looked at articles on the internet and gained advice and support from the local authority and from their community psychiatric nurse.

The service had good links with the local community. People were able to go out independently and with support from staff. We observed people going out to local shops and for health appointments. We observed one person talking about using the local bus service to visit one of the nearby towns. Staff told us that they had good links with partner agencies. This included their community psychiatric nurse who they said provided excellent support to the service.

We saw that notifications were submitted to the Care Quality Commission as required. These are forms which enable the registered manager to tell us about certain events, changes or incidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Premises must be fit for purpose in line with statutory requirements. Any alterations to the premises that are used to deliver care or treatment must be made in line with current legislation and guidance. Any change of use of premises should be informed by a risk assessment. Regulation 15 (1) (c) (d)