

Francis Kirk

Mansion House Residential Home

Inspection report

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Date of inspection visit: 01 June 2015

Date of publication: 27/07/2015

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 

Overall summary

This inspection took place on 01 June 2015 and was unannounced.

Mansion House Residential Home provides accommodation with care for up to 37 older people. Care is provided over two floors. At the time of our inspection there were 23 people living at the service. Mansion House Residential Home also provides a personal care service within the community.

A registered manager was in post at the service. 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.

Summary of findings

There were sufficient staff who had been recruited safely with the skills and knowledge to provide care and support to people.

People's health and emotional needs were assessed, monitored and met in order for them to live well. The service worked closely with relevant health care professionals. People received the support they needed to have a healthy diet that met their individual needs.

People were treated with kindness, respect and dignity by staff who knew them well and who listened to their views and preferences.

People were able to raise concerns and give their views and opinions and these were listened to and acted upon. Staff received guidance about people's care from care plans which clearly set out their care needs.

There was a strong management team who worked well together and were visible in the service. People were well cared for by staff who were supported.

The management team had systems in place to check and audit the quality of the service. The views of people were taken into account to make improvements and develop the service.

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.

There were enough staff with the correct skills who were recruited safely and who understood how to provide people with safe care.

People were safe and staff understood what they needed to do to protect people from abuse. There were processes in place to listen to and address people's concerns.

Systems and procedures to identify risks were followed, so people could be assured that risks would be minimised and they would receive safe care.

Safe processes were followed to support people with their medicines.

Good



Is the service effective?

The service was effective.

People's day to day personal and health needs were met through on-going assessment and staff knew how to provide good care

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities.

Systems were in place to make sure the rights of people who may lack capacity to make decisions were protected. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Good



Is the service caring?

The service was caring.

Staff treated people well and provided care and support with kindness and courtesy.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive and thoughtful in their interactions with people.

Staff and the management team were enthusiastic and committed to the people they cared for.

Good



Is the service responsive?

The service was responsive.

People were involved in discussing their personal, health and social care needs with the staff. They had choice in their daily lives and their independence was encouraged.

Staff understood people's interests and supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Good



Summary of findings

People were supported to maintain important relationships and relatives were consulted about their family member's care and were involved in making decisions.

People's needs were met by staff who understood and followed guidance about their health and social care needs.

Is the service well-led?

The service was well-led.

There was a strong management team which worked well together and were very visible in the service.

The service was managed by a strong and effective management team who demonstrated a commitment to providing a good quality service.

The management team promoted an open culture and provided people with opportunities to raise issues.

Staff received the support and guidance they needed to provide good care and support.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

Good



Mansion House Residential Home

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 01 June 2015 and was unannounced. The inspection team consisted of 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 reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with seven people who lived at the service and one person's relative. We spoke with three people who used the community service. We spoke with a health professional about their views of the care provided. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager, two managers and five care and domestic staff.

We looked at six people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I feel very safe with the staff here." One relative told us, "I know that I can go home knowing that my [relative] is safe."

Staff were clear about what constituted discrimination and abuse and how to report unacceptable practice. One staff member told us about a situation when they had had to report abuse and how they were supported by the management. Staff told us that they had received training on both safeguarding people from abuse and whistleblowing and were encouraged to discuss and raise concerns at any time.

Staff were confident that the management would deal with any concerns quickly in order to keep people safe. Our records showed that safeguarding concerns were reported to the local authority and to us appropriately.

People and their relatives were involved in decision making about risks to their health and wellbeing. The provider had systems in place for assessing and managing risks and the records we looked at showed that the provider identified and measured the level of risk to people so that this could be managed safely. For example, risk assessments for moving and positioning, falling, eating and drinking and being prone to pressure ulcers were completed. Specific instructions about people's pressure care needs were provided by professional nursing input. The service investigated any concerns about people's care needs and improved their practice as a result so that people received safe care.

Staff had a good understanding of the risks that people faced and ways in which these were managed without reducing their freedom or choice and control.

We observed that people were able to access all parts of the service safely by wheelchair or walking frame. Staff walked behind people to promote their independence and assure them that they were safe from falling.

There were sufficient staff on duty to meet people's needs. People told us that the staff were there when needed and they did not have to wait long for their call bell to be answered. One person said, "I never have to wait long for someone to come, they make you feel like you are the only one who lives here."

The management explained how they assessed staffing levels based on the needs and occupancy levels in the service. The staff had a good mix of skills and experience to meet people's individual needs. We saw that staff were not rushed and assisted people in a timely and unhurried way.

Recruitment processes were in place and were carried out in line with legal requirements. People were kept safe because the relevant checks were carried out as to the suitability of applicants. These checks included taking up references and checking that the member of staff was not prohibited from working with people who required care and support. Staff told us that their induction had been thorough. One staff member said, "We didn't do anything on our own until we could assist people safely."

Medicines were given to people in a safe and appropriate way. We saw that the manager was competent at administering people's medicine and they did this in a dignified way. They told people what medicine they were having and supported them in taking it. Medicines were safely stored in a locked trolley and administered from the trolley. There were appropriate facilities to store medicines that required specific storage, for example refrigerators for medicines that needed to be stored in controlled temperatures and a specific cabinet for controlled drugs.

Records relating to medicines were completed accurately and stored securely. People's individual medicines administration record sheets had their photograph and name prominently displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. Where medicines were prescribed on an as required basis, clear written instructions were in place for staff to follow. This meant that staff knew when as required medicines should be given and when they should not.

Is the service effective?

Our findings

People told us that the staff met their needs in a way that enabled them to maintain their independence. One person said, "They will help me whenever I ask, even for the smallest thing." Another person who has care in their own home said, "Without them, I would not be able to live at home. They help me keep well." A member of staff told us, "It's a great place to work, you can speak your mind, be listened to and know that every day you are making a difference."

Staff had the skills and knowledge to meet people's care and health needs and to communicate with them well. We saw that staff members used people's preferred names when talking with them and when referring to them in conversation with other staff. The use of familiar terms meant that people knew when they were being spoken to and were able to respond verbally or in facial expressions or body language.

People received care and support from staff that knew them well and were aware of their needs and individual personalities. People received care that was based on best practice as we saw staff physically supporting people with their mobility and communicating well with people with dementia. Staff had put their training and learning into practice to support people effectively.

A member of staff explained to us how they felt when they had completed the dementia awareness course that the service provided. They said, "I will never forget it, I really have some understanding of what people with dementia see, hear and experience every day."

The staff told us that they had very good training and support from the management. They had a structured induction programme in preparation for their role. This included training in the necessary skills for the role, shadowing experienced staff and getting to know people's needs and ways of meeting them. A member of staff told us that they got to know people who used the service from talking with them as well as looking at their care plans. One member of the care staff told us, "I had a good introduction to the role and my responsibilities. The shadowing was the most important part and the part I enjoyed the most." Another staff member said, "The training is ongoing and even if you have done it in a previous role, it is always important to update your knowledge."

Group and individual training was planned in advance so that all staff continued to be developed. Staff told us they completed check lists after some of the training to test their knowledge and competence. There was a recorded supervision process in place and staff had the opportunity for learning and development and to gain promotion. One staff said, "In between the one to one time with [manager] I am very well supported as are all the staff I think."

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected and for others, where appropriate, to make a decision in the person's best interests. The staff had an awareness of their responsibilities around assessing people's capacity to make decisions. The manager knew how to make applications for DoLS.

Staff sought consent from people with capacity through discussion and involvement. We saw an example of this for a person who needed bed rest for relieving pressure care. Their consent was obtained to this change in their care needs.

We saw that a 'do not actively resuscitate' (DNAR) order for a person was on their file. The staff member showed us that this had been completed correctly with the appropriate authorisation and involvement of the person and/or their family.

Most people told us that the food was nice. One person said, "We have such lovely cakes." Another said, "Lovely grub." And another person said, "You can have a choice, its up to you. They always ask." One person said, "It could be a bit more flavoursome, but then other people may not like it and they have to cater for everyone. They are not chefs are they?."

At tea time, people were supported to have a healthy and balanced diet and there was plenty to eat and drink with choices of a hot and cold selection, fresh cakes and fruit available. People had the option of having their meal in their bedroom or in the lounge. Specialist diets such as those needing their meals in a pureed form were also catered for where appropriate. Risks to people's nutritional health were assessed, recorded and monitored using best

Is the service effective?

practice methods so that they maintained a healthy lifestyle and wellbeing. When risks were identified, people were referred to relevant health care professionals such as dietetic services.

People's day to day health needs were met through on-going assessment and the involvement of clinical and community professionals such as the district nursing service, occupational therapy, dietician, the tissue viability team and voluntary sector organisations. The manager told us that as part of the person's review of their care, making sure community and health care services were on board was an important part of keeping people in their own homes.

A community health professional told us that they came in regularly and that staff were efficient and they had no concerns about the standard of care provided by the staff. They said, "We have a very good working relationship and the staff are open and honest in discussing people's care."

People and, where appropriate, their relatives were involved in discussions about their health care. One relative said, "The staff always let me know if [person who used the service] has had any health problems. The staff keep an eye on their appointments and always lets us know the outcome. They always discuss this with [person who used the service] as well." We saw one comment made in a questionnaire about people's experiences of using the home care service that, "My carer always has my wellbeing in mind and keeps a good eye on my health and body."

Is the service caring?

Our findings

People told us that they get the care that they needed and in a way that was respectful and dignified. One person said, "My carer always respects my privacy and dignity when doing my personal care." Another said, "When I need them they come quick."

All of the people we spoke with were very happy with the care and support they received at Mansion House and with the home care service. They could not praise the staff highly enough. One person said, "I am very happy with my carers who come to me, they are lovely, very caring and polite." One person said, "Nice, nice, they are all nice and they help me a lot." Another said, "Very friendly and always chatty and you can have a laugh with them." One relative told us, "The staff are great, always kind and caring and nothing is too much trouble, lovely people."

There was a calm and relaxed atmosphere within the service. We observed examples of good interactions between people and staff, which included chatting about the weather or their planned time out, listening to people and engaging with them in social conversations.

All of the interactions we saw were appropriate, warm, and friendly. People were supported and cared for with dignity and privacy and staff spoke about people and to people in a respectful way.

Staff were polite and courteous when speaking with other members of staff. Where someone needed support to complete a task or to eat a meal, staff were encouraging and used the correct tone of voice which, we observed, got results and the process and outcome for the person was positive.

Staff and the management team were enthusiastic and committed to the people they cared for. They understood that taking the time to talk with and be with people was important. People's age, gender and cultural backgrounds were respected by the staff in the way they engaged and communicated with them. One staff member we spoke with told us, "I really like chatting to people. They have such amazing stories to tell from their lives and women were just as brave as men in the war. That's what I really like about coming to work."

Is the service responsive?

Our findings

People told us that they had been involved in discussing their personal, health and social care needs with the staff and one person said they, “Trusted the staff to write it all down.” Care records showed that people had signed their care plans to indicate they agreed with the plan of care which had been organised for them. We saw that the care files were developed from the assessments of people’s needs before they used the service. These provided sufficient information about the person’s needs, preferences and their background history.

People’s personal history with a photograph was recorded in a document called ‘This is Me’. Some of these documents were completed by the person themselves and some with or by their relatives. These enabled the staff to get to know the person and who they were.

The care records were presented in a consistent way providing all the important areas of care including personal and health care, mobility and dietary requirements. The care plans were reviewed on a monthly basis so that staff had up-to-date information on the care and support people required. The manager told us that to improve the writing up of records and daily notes, training had been organised for June 2015. This would enable staff to write in a more person centred way and reflect the person’s daily life and their feelings.

Care staff were knowledgeable about the care needs of the people they supported. They had a good understanding of how people preferred to have their needs met and could explain about people’s preferences and individual ways of wanting their care provided.

Staff knew people’s needs very well and demonstrated how to respond to them in an individual way, for example, one person was asked if they would like to take their medicines and responded with a, “No.” The staff member knew how to reword the question and use the right language so that there was a positive outcome for the person.

People were supported to engage in social activities of their choice. At the request of the people who used the service to increase the amount of social activities and days out available, the manager told us that a person had been employed to offer a range of individual and group activities and this would be available from August 2015.

Individual activities were offered based on people’s choice and preferences. We saw a staff member spending time playing cards with two people, who were enjoying themselves and other staff at different times sitting and chatting one to one with people. One person said, “There is not a lot to do here.” And another person said “I just have a wander and a chat, that’s what I like.” And another said, “I am happy with my own company really,”

The management team operated a clear complaints procedure for recording and responding to concerns. People told us that they could speak to the staff or the managers if they had a complaint to make. We saw that the provider had dealt with complaints appropriately and they did not have any outstanding. One person said, “I really don’t have any complaints at all.” Another person told us, “I can ring the manager anytime if I am unhappy about anything. Things get sorted without having to make a complaint.”

Is the service well-led?

Our findings

The service had a clear vision and philosophy and was delivering their primary aims to enable people to live as independently as possible in an environment where their individuality, independence, abilities and personal dignity and choices were respected.

There was a strong management team which consisted of the registered manager, home manager, clinical manager and home care manager. The managers worked well together and were very visible in the service. Some of the managers also did some caring duties which enabled them to monitor and oversee the working of the service and the care provided to people by the staff. Staff spoke highly of all the managers and felt that they had good values, there was an open culture and had a vision for the service. One staff member said, "This is such a lovely place to work, [Manager] is the best manager I have ever had." Another said, "They all work hard for the people who live here and are very approachable and around the service all the time."

Staff, people who used the service and relatives were involved in the development of the service. People had meetings with staff where they could discuss areas for improvement which were taken forward to improve the service. The views and opinions of people which came from people who attended the 'Resident's' meetings had been instrumental in securing more social activities and more use of the garden which was planned for the summer. People's individual concerns were dealt with quickly, for example during a conversation with a manager, a person who used the home care service rang three times as they were worried about their care worker not turning up. The manager explained in a caring and patient way that they were not due for another hour but they would be on their way.

An annual audit was carried out to gather the views of people and their relatives. A report and action plan of the findings had been collated and feedback given to people and relatives. All the comments were complimentary towards all staff at Mansion House and the home care service. People felt safe, and the service had a friendly and homely atmosphere. Management were always available to discuss any problems or concerns.

The management team carried out a range of audits to monitor the quality of the service. Monthly audits were carried out for areas relating to health and safety, medicine management and nutrition. There were systems in place for managing records and people's care records were maintained and contained sufficient information for staff to understand people's needs. Care plans were available to the staff and records were put away after use so that they were not left on display. People could be confident that information held by the service about them was kept confidential.

We had received a concern regarding the completion of records for moving and positioning people. We asked the manager to look into this and report on their findings. This they did in a full and timely way ensuring that no one was at risk. An action plan was put together, information shared with staff, meetings held, training organised and better liaison with community services was put in place.

A community professional told us that, "They trusted the management fully in carrying out the advice their team gave," and added that, "People have really benefitted from the care at Mansion House."