

Roche Healthcare Limited

Mansion House

Inspection report

164 Main Road
Drax
Selby
North Yorkshire
YO8 8NJ

Tel: 01757618659
Website: www.rochehealthcare.co.uk

Date of inspection visit:
13 March 2020

Date of publication:
08 April 2020

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

About the service

Mansion House is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. Some people were living with dementia or a physical disability. The service can support a maximum of 26 people.

The service accommodates people in one adapted building, which has an extension to the rear of the property. The main house has two floors and people can access the first floor by use of a lift or stairs. The extension accommodates people living with dementia and is ground floor only.

People's experience of using this service and what we found

People felt safe and well supported by staff. The registered manager followed robust recruitment checks, to employ suitable staff, and there were sufficient staff employed to ensure care and support were carried out in a timely way. People's medicines were managed safely.

Staff received appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on dementia care and on how to protect people from the risk of harm. Staff received supervision to fulfil their roles effectively and had yearly appraisals to monitor their work performance.

People had choice and control of their lives and the staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a planned programme of activities open to everyone including family and friends.

Staff knew about people's individual care needs and care plans were person-centred and up to date. People and relatives gave us positive feedback about the staff and described them as "Exceptionally kind, caring and friendly." Staff treated people who used the service with compassion, dignity and respect.

The service was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mansion House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Mansion House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care

provided. We spoke with four members of staff including the registered manager, deputy manager, nurse and maintenance staff. We spent time in both the main house and the extension observing care and interactions between people and staff.

We reviewed a range of records. This included three people's care records and five medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received written feedback from one relative and two health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from avoidable harm and abuse. Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- People said they felt safe in the service and were well looked after. One relative told us, "We would recommend the service to anyone looking for somewhere safe and welcoming for a family member."
- The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.

Assessing risk, safety monitoring and management

- The environment and equipment were safe and maintained. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were enough staff on duty to meet people's needs, to enable people to take part in social activities and to attend medical appointments. People told us they received care in a timely way.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had competency assessments completed to ensure their practice was safe.

Preventing and controlling infection

- The service was clean and tidy throughout. Staff had received infection prevention and control training and followed the provider's policy and procedure to ensure people were protected from the risk of infections spreading. A relative said, "We would rate the service as excellent for cleanliness."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and their preferences were considered when arranging their care. Assessments were used to develop care plans which supported staff to provide care in line with people's personal routines.
- A health and social care professional told us, "The manager has always assessed potential clients in a timely way either at home or in hospitals. They always [and the staff] ensure that all medical, social and wellbeing needs are met and will make sure that the person's stay is as comfortable as possible."
- The registered manager had introduced aspects of best practice to the care records, including care plans for oral health care and communication.

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place to ensure they had appropriate skills and knowledge. Staff were up to date with training that the provider deemed as mandatory. Specialist training based on people's specific needs had been completed. For example, dementia care.
- Nurses received appropriate training, development and support to fulfil the criteria needed to revalidate their professional registration.
- Staff were supported through supervision and annual appraisals. The registered manager ensured competency checks were completed with staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a varied and balanced diet. A person told us, "The food is delicious, staff offer me a choice of meals every day. Whatever you want, within reason, they will provide."
- People received sufficient fluids on a regular basis and staff made them a drink when asked. People had drinks available in their bedrooms and in the communal areas.
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met in a timely way. A health care professional gave positive feedback about the service. They said, "Suggestions and recommendations made by our team are used and taken on board. The staff team at the service are able to evidence previous approaches and will rule out physical health concerns prior to referring to our team."
- People had good access to health care professionals. Records of visits were kept, and people had

documents in place to provide key information should they need to go into hospital.

- Care files contained information about each person's health needs and the support they required to remain as independent as possible.

Adapting service, design, decoration to meet people's needs

- The service design and layout met the needs of people who lived there. For example, bathrooms and toilets had aids fitted to assist people with using the facilities.
- The provider had decorated and furnished the extension wing with equipment and facilities to provide people with a dementia friendly environment.
- People had communal spaces to sit in and take part in activities. There was good access to outdoor space. Flat walkways ensured people with mobility problems were able to move around with ease.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about their relationships with staff. A person said, "The staff are lovely, kind and caring. They answer the 'buzzer' quickly when you need them and are really attentive towards everyone."
- Staff communicated with people in a caring and compassionate way. They gave time for people to respond. People appeared well looked after and well groomed.
- Staff treated people as equals. They showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. A health care professional told us, "The manager works well with both people and families alike. When people have differences of opinion or difficult decisions to make, they work with people in order to reach a compromise without judgement."

Supporting people to express their views and be involved in making decisions about their care

- People were able to make choices and decisions about their care and support. One person said, "I am able to make daily choices about where I want to be (bedroom or communal lounge) and what activities I want to take part in. Staff respect my decisions and are happy to oblige when I need any help."
- People had support from their families or advocates if they needed help with making decisions. An advocate is an independent person who supports someone so that their views are heard, and their rights are upheld.
- People and relatives said they were involved in planning and reviewing the care and support given by staff.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity; staff helped people meet their personal care needs and dress according to their personal preferences. One relative told us, "My family and I are all very happy with the care given to [Name]. They are well looked after, and all the staff treat them with respect."
- Staff showed an interest in what people wanted to say to them. They called people by their preferred name, knocked on bedroom doors before entering and ensured people had privacy when supporting them with personal care.
- People were encouraged to be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were up to date and reflected the care being delivered. When people's needs changed, their care and support was assessed and amended in their care file.
- People received person-centred care; staff had a detailed understanding of their needs and what was important to them. A person told us, "Staff listen to me and respect my wishes about my care."
- A health care professional said, "The team at Mansion house have always had a positive approach towards people living there. They are keen to develop therapeutic relationships with people and ensure they are person-centred. They take into account personality and personal preferences when developing care plans with the families."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to tell staff about their wishes and views; their care plans included information about how they communicated.
- The registered manager was aware of the need to make information for people available in formats they could understand. They said most of the documents within the service could be provided in different formats on request. For example, easy read, large print, braille or a different language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed the social activities arranged for them. They did arts and crafts, quizzes, board games and entertainers came into the service offering exercise sessions and musical afternoons.
- Relatives were made welcome when they visited. One said, "Staff always greet me with a smile and offer me a drink or a meal when I visit."

Improving care quality in response to complaints or concerns

- People were informed of their right to complain and processes were in place to support them to raise any issues.
- Complaints were investigated and addressed in line with the provider's policy and procedure

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.
- A health and social care professional told us, "We placed one person we knew to be end of life. The care and compassion they received was exemplary and their family were reassured that they were comfortable and had passed away with the dignity they deserved."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a welcoming and friendly atmosphere and staff morale was high.
- Staff told us they felt listened to and the manager acted straight away if concerns were raised.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was conscientious about its duty of candour. The registered manager and staff were open and honest about events and incidents where outcomes could have been better. They apologised and learnt lessons from these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Regular checks were completed by the registered manager to make sure people were safe and happy with the service they received. All issues found had been used to improve the service.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- Systems and processes were in place to ensure the service was assessed or monitored for risk, quality and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed, and actions followed up by the registered manager.
- The registered manager and staff worked well with other agencies. A health care professional said, "The positive approach to care is titrated down from the senior staff at Mansion house and this is reflected in the care that all staff provide. Even the maintenance team have a nice approach with people living there. The care staff are always welcoming to the service and, when we visit they are able to share relevant information to support our joint working."