

Extel Limited

# Manningford

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 28 November 2018 and was unannounced.

Manningford is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 accommodates seven people who are living with a diagnosis of mental ill health. At the time of our inspection there were four people living in the home.

At our last inspection on 19 January 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring which demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service. Medicine administration records were completed by staff when they had administered the medicines safely. Risks associated with people's needs had been assessed and measures were in place to reduce these. There were sufficient staff to meet people's needs and safe recruitment procedures for staff were in place. Accidents and incidents were monitored to identify any trends and measures were put in place to reduce the likelihood of these happening again.

The service remained effective. Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs. The staff worked well with external health care professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People received care from staff who were kind, compassionate and treated them with dignity. They were comfortable in the presence of staff and the manager. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to support people when they were distressed and made sure emotional support was provided. People's independence was promoted.

People continued to receive a responsive service. Their needs were assessed and their support was planned with them and or their relative where required. Staff knew and understood people's needs well. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaints procedure available if this was needed.

The service remained well-led. The monitoring of service provision was effective because shortfalls had been identified and resolved. There was an open and transparent and person-centred culture with good

leadership. People were asked to share their feedback about the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Manningford

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on 28 November 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information we held about the service such as notifications and the information the provider had told us in their provider information return. Notifications are events that happen in the service the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We contacted commissioners who had a contract with the service.

During the inspection, we spoke with three people who used the service for their views about the service they received. We spoke with the registered manager, two care staff and a visiting health professional.

We looked at the care records of two people who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks, the management of fire risks, policies and procedures, complaints and meeting records.

# Is the service safe?

## Our findings

People told us they felt safe living at Manningford. One person said, "I like it here. It's good. Staff support me if I am worried about anything." A health professional told us, "I have no worries here."

People received their medicines safely. Medicines administration records were completed by staff when they had supported the person to take their medicines. These had been completed correctly. If people took medicine on an as required basis there was guidance for staff on when this could be given. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the right way.

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. People told us they would speak with the staff or registered manager if they were worried about anything. One person commented, "I told the staff I was worried this morning. They came to the doctors with me." Staff understood potential signs of abuse and what to do if they suspected someone was at risk. They had received training in relation to safeguarding people from abuse. Information was available for people and staff if they felt they needed someone to talk to.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. One person had a risk assessment in place as they were a smoker and this presented risks to their health and the environment. Staff understood how to promote healthy choices to the person and how to remind them of the importance of fire safety. Staff knew how to support people with their behaviour if they showed behaviour which challenged. Positive behaviour plans were in place.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Staff communicated effectively with each other, people who used the service and external professionals. Staff had a calm approach and responded to people's needs in a timely manner. The provider had safe staff recruitment checks in place. This meant checks were carried out before employment to make sure staff had the right character and experience for the role. One staff member said, "I couldn't start until they had done all of my checks."

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do, and each person had a personal emergency evacuation plan.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards. Cleaning responsibilities were allocated to staff and people who used the service each day and checks were carried out to make sure these had been completed.

# Is the service effective?

## Our findings

People had their needs assessed before they began using the service to make sure these could be met. They told us staff 'were nice' and 'helped them'. One person commented, "The staff are nice. They are always willing to help. I can talk to them." Staff had received the training they required to do their jobs and they also received regular supervision and appraisal. A staff member said, "I have supervision with [registered manager]. I can always talk to them if I need to." This meant staff had opportunity to discuss their learning and development needs and their performance.

Staff had an induction period and were supported to understand each person's needs. New staff were supported to complete the Care Certificate. The care certificate is an agreed set of standards which sets out the knowledge, skills and behaviours expected of job roles in the health and social care sector. Additional training had been arranged to help staff understand each person's specific needs, for example, supporting people who were on a conditional discharge and supporting people who presented behaviour of concern.

People were encouraged to eat and drink enough and maintain a balanced diet. One person said, "The food is nice. Staff cook the evening meal." The menu was agreed based on foods people liked and healthier options were encouraged. Staff could explain people's individual needs and how they provided meals to ensure these were met. The choice of meals was varied and people could choose an alternative. There was fresh fruit and snacks available throughout the day for people to eat as they wished. People were supported to make their own food and drinks.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this and care plans offered staff guidance on signs of an individual becoming unwell. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and healthcare professionals such as community psychiatric nurses. A health professional commented, "They are brilliant here. They let me know if anyone needs anything." People had health action plans which detailed their health needs and how they were supported to meet these. This included regular appointments including the dentist, optician and doctor.

The premises and environment met the needs of people who used the service. People had their own private room and there was a communal dining room, living room and kitchen. They had chosen the colours their rooms were decorated in and their furniture.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Consent was sought before care and support was provided. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff told us people were supported to make their own decisions. This included where a person found it harder to make choices. No one had a DoL as people had been assessed as having capacity to agree to their

placements and to make their own decisions. The registered manager understood the process if they needed to make any DoLS applications.



## Is the service caring?

### Our findings

People were treated with kindness and compassion. One person said, "The staff are nice." A health care professional told us, "They are brilliant here. Nothing is too much. They have good success." Staff knew about people and things that were important to them. They knew about people's preferences and how to get the best out of people. Staff had supported people to identify what they wanted to achieve. Goals had been set and people were supported to achieve these.

Staff supported people in ways which they wanted to be supported. They interacted with people in a warm and friendly manner. They showed an interest in what people had been doing and what they wanted to do.

Staff supported people to maintain contact with their relatives. One person told us, "I see my family every weekend." Family and friends were encouraged to visit.

People had been involved in reviews of their care and had been involved in developing their care plans. They were asked to make decisions about their care such as what activities they wanted to do, goals they wanted to achieve and who they wanted to support them. One person said, "We are asked our opinion on the staff. We are introduced to them and chat to them to make sure they are suitable."

People were supported to express their views each day and their choices were respected. They were supported to make informed choices. A member of staff said, "People are given the information they need to help them to make a decision. It is up to them what they decide."

People had their privacy, dignity and independence promoted. One person told us, "When I first came here I could not even butter bread. I have come on leaps and bounds. I can cook now." People were asked if staff could enter their rooms and staff knocked on people's doors before entering. Staff addressed people in a respectful, kind and caring way. One person commented, "The staff treat me with respect." Staff were sensitive when supporting people.

## Is the service responsive?

### Our findings

People received support based on their individual needs. A health professional told us, "They are excellent at tailoring the support. They will change something if they feel it will work better for an individual. They see people as individuals." They were involved in the care planning process and their preferences about the way they wanted to receive care and support were recorded. For example, how people preferred to make their choices known was recorded and staff respected this. Staff could tell us about people's likes and dislikes including with their food and activities and people were supported to follow these.

People met with their key worker to review their care and if any needs, likes, goals or preferences had changed these were updated. They were involved in their review and had the opportunity to record their comments in any way they wanted to. People had signed their own care plans. One person said, "We talk about my care plan at each one to one. I can ask them to put stuff in and take stuff out." The registered manager explained if there were changes between the reviews the care plans were updated to reflect these.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. They were supported to attend places of worship, and events which were based on their culture, as well as activities of their choosing. One person said, "I go to walking football. It is good for me and I enjoy it." People had agreed to go out for a Christmas meal and they were excited about this.

Personal goals were agreed based on what people said they wanted to do and they were supported to achieve these. This included short term or long-term goals, for example, one person had been supported to develop their skills to prepare them to move to a more independent setting. The registered manager explained this was the goal for most people longer term however for one individual this had taken a number of years and they were at the point of moving in the next few weeks. A health care professional commented, "They help people on the road to recovery."

Information was provided in accessible formats. The registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The complaints procedure and what to do in case of a fire was available in an 'easy read format'.

There was a complaints procedure which people could use. There had not been any complaints since the last inspection. The registered manager could explain the process which would be followed to manage any complaints and the timeframes for this.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences and wishes. People's families had been involved in developing these where appropriate to ensure people's wishes were supported.

## Is the service well-led?

### Our findings

There was a registered manager. 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 registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The management team carried out a number of audits to check the service being provided was of a good quality and staff were working in the right way to meet people's needs and keep them safe. The audits had identified where action was needed to improve the environment and these had been carried out. A health professional commented, "This is gold standard. I expect support and quality and they give it here."

There was a clear vision and culture shared by managers and staff. The culture was based on helping people to recovery and moving to independence. Staff recognised the importance of this. They told us how important it was for people to build their confidence and skills. One staff member commented, "We have some great success stories. We help people to grow and learn new things and make sure they have a suitable transition. This is important to make sure we do not set people up to fail."

People who used the service knew who the registered manager was and enjoyed talking to them. One person said, "[Registered manager] is great. I can always talk to them." Staff provided feedback about the management team which suggested they could approach them and felt supported. One member of staff commented, "[Registered manager] is there if I need anything." A health professional told us, "[Registered manager] is amazing. They listen to the people who live here." Staff had regular team meetings and understood the importance of sharing information with each other. One member of staff told us, "We are told what is happening and we have regular chats to make sure we know what is going on."

People who used the service were asked for their feedback and encouraged to participate in the development of the service. People were sent surveys to complete. Feedback from these was positive. The registered manager had provided feedback to people and discussed this with them at one to ones.

Staff worked in partnership with other agencies. Information was shared appropriately so people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was available at the service and on the website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.