

Harriston Homes Limited

# Mansgrove Farm House

## Inspection report

Common Road  
Studham  
Dunstable  
LU6 2NL

Tel: 02083554666  
Website: [www.harristonhomes.com](http://www.harristonhomes.com)

Date of inspection visit:  
21 December 2021  
10 January 2022

Date of publication:  
21 January 2022

### 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

Mansgrove Farm House is a residential care home providing personal care to three people who may have a learning disability or are autistic at the time of the inspection. The service can support up to five people.

The service has four bedrooms and a shared kitchen, lounge, dining room and utility room. There is a separate annexe in the grounds which supports one person.

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

Systems were in place to keep people safe. Risks to people were assessed, regularly reviewed and managed well to ensure their safety and promote their independence. Staff recruitment processes were in place to ensure staff were suitable to work with people who used the service. Training was provided to staff including agency staff to ensure they had the right skills and knowledge to carry out their roles effectively.

Infection prevention and control and medicines were being managed well including risks associated with COVID-19. People and staff had received COVID-19 vaccinations and boosters to help minimise the risk of catching the infection.

People were supported to eat and drink enough to maintain a balanced diet. The registered manager and staff worked well with other professionals to ensure people had access to healthcare appointments and received the right support to manage their health needs.

People's care plans were personalised to reflect how they wanted to be supported and what was important to them. Staff were knowledgeable about people's needs and supported them to live fulfilling lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

- Model of care and setting maximises people's choice, control and independence. The premises provided

each person with their own individual bedroom and shared facilities. Staff had a good understanding of people's individual support needs and empowered people to achieve their own aspirations.

#### Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. Staff were knowledgeable about people's emotional needs, understood the link between their anxiety and behaviours and supported people well when they needed it. Staff were observed treating people with kindness, respect and compassion.

#### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People were at the heart of the service with staff providing a network of support around them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 11 June 2020 and this is the first inspection.

#### Why we inspected

This was the first inspection since they registered in June 2020.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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.

# Mansgrove Farm 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

Mansgrove Farm 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 two managers 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

We gave a short period notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 21 December 2021 and ended on 10 January 2022. A site visit took place on 21 December 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. We spoke with five members of staff, a registered manager, a team leader and support workers. We reviewed two people's care records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding processes to keep people safe and knew how to report concerns.
- There were clear policies and procedures in place for identifying and reporting abuse. The team leader demonstrated their knowledge around safeguarding and commitment to protecting people.

Assessing risk, safety monitoring and management

- Risks were identified and managed in a way that balanced people's safety and independence.
- Each person had a Personal Emergency Evacuation Plan (PEEP). Staff knew how to safely support people in the event of an emergency.
- Staff understood what put people at risk and how to support them safely. For example, staff knew how to recognise signs that people may need either space or additional support. Care records included a clear assessment of the risks associated with people's needs and detailed guidelines about how to manage identified risks, such as those associated with visiting the community.
- Staff told us, and records confirmed they had received up to date training, including manual handling, fire safety and emergency first aid.

Staffing and recruitment

- The registered manager regularly reviewed staffing levels to ensure that they were appropriate to meet people's assessed needs.
- Staff told us appropriate staffing levels were maintained and staff rotas were organised flexibly around people's needs and activities.
- The registered manager recruited new staff subject to appropriate pre-employment checks to help ensure staff were safe to work with people who used care and support services. Recruitment information included written references and the completion of a Disclosure and Barring Service (DBS) check for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- Systems were in place, including regular audits to ensure people's medicines were managed consistently and safely.
- People had a medicines plan in place which detailed how they preferred to take their medicines and the support they required from staff.
- Staff had completed medicines management training and had their competency assessed by senior staff on a regular basis to ensure they followed good practice.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. A member of staff was seen to be not wearing a mask when we arrived. This was discussed with the team leader who was to address this with the member of staff.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- There was a culture of reflective practice. Incidents and accidents were routinely reviewed and areas for learning discussed both at management and staff level. This would help reduce the risk of recurrence.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 care records showed prior to using the service an assessment of their health, including their mental health and medical needs, had been undertaken. This would ensure the staff at the service could meet their needs.
- Assessments included relevant professionals' input, including for example the learning disability team to ensure care was planned in line with evidence-based guidance, standards and best practice.

Staff support: induction, training, skills and experience

- Staff confirmed and records showed they had completed training which gave them the skills, knowledge and experience to carry out their roles effectively.
- Systems were in place to monitor staff training and ensured it remained up to date. The team leader said, "I make checks to ensure staff have completed the required training. Where necessary we arrange sessions that are required."
- Staff had received an induction which included an induction booklet and a range of training to be completed within six months. Where they were new to care, staff were required to complete the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff.
- Agency staff also completed an induction and familiarisation of the service to ensure they had the information they needed to support people using the service effectively.

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

- People were involved in the planning and preparing of their own meals where they were able.
- Staff had a good knowledge of people's dietary needs and preferences. They also encouraged people to make healthy choices, whilst still enjoying their favourite food.
- Care records outlined people's nutritional needs, detailing dietary and personal preferences to ensure support was provided as appropriate.

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

- Each person had a health action plan which included the help and support the person needed to look after their health. It also documented a record of a person's health needs including annual health checks and vaccines.
- Systems were in place for referring people to external services where changes in their health and welfare was identified.

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

- The environment met people's sensory and physical needs.
- The service was well maintained with an ongoing re-decoration plan in place. People's rooms were kept as they liked them and had many personal items such as bedlinen, photographs and ornaments.

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.

- Staff understood the requirements of the MCA and how to support people to make decisions.
- Where people lacked capacity to make important decisions about their care and treatment, including receiving the COVID-19 and flu vaccination. The relevant people had been involved in making best interest decisions to keep the person well.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 observed to have great relationships with the staff who supported them. One person when we asked if they liked the staff, gave us a big smile and began to show the staff member their folder.
- Staff and registered managers had created a culture of acceptance where people were celebrated as individuals and differences were respected.
- Staff knew people well and what was important to them. They spoke of people in a positive and caring way. Each person had an allocated key worker and had protected one to one time with them.

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

- People were supported by staff to make decisions about their day to day care. More complex decisions about their care and treatment were being made in their best interests.
- People had detailed routines setting out the support they needed to ensure they had a good day. These included making their own decisions and the support they needed from staff to be as independent as possible.
- People had been involved in making decisions about Mansgrove Farm House at regular resident meetings. These meeting also included discussing what they would like to have on the menu and where they would like to go and visit.

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence. One member of staff commented, "I always knock and wait before entering a resident's room and ask permission before I provide them with any support. Privacy and dignity are important to us all. We must respect this at all times."
- People's independence was promoted as much as possible. Care plans detailed people's strengths and reflected the detailed knowledge that staff had about people. This would help enable new members of staff to provide appropriate support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and the records showed that they had been involved in reviewing care, support and treatment plans. This ensured information about people's needs was up to date and relevant.
- People's care plans were personalised to reflect their specific needs, how they wanted to be supported and what was important to them. This included the emotional support needed from staff to respond to the causes of people's anxieties and distress.

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 had been provided with information in different formats to help them understand the content. For example, a person's records detailed they had been provided with an easy read version of how to complain, this had also been discussed with them to ensure they had understood.
- Staff were observed communicating well with people, in line with their preferred method of communication, such as signs, pictures and photos.

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 were supported to follow their interests and take part in activities both inside and outside the home. People regularly attended day centres, went shopping and visited local parks.
- During our inspection, people were out in the community taking a walk in a local park area.
- People were supported to maintain and develop relationships with friends and family and access the community.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy available and people had an accessible version available in their rooms. The registered manager told us that had been no formal complaints since they registered.

End of life care and support

- The service was not supporting anyone in end of life care, but people's future preferences and choices in relation to end of life care had been explored where possible. This was clearly documented in people's support plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- Staff spoke positively about the registered managers and the culture of the service.
- Staff understood their role and responsibilities, were motivated and had confidence in the registered managers. One member of staff told us "[Name] is a really good manager, nothing is too much trouble, they are very supportive, any issues and they are always there to point us in the right direction."
- Staff told us, leadership, teamwork and team morale were good. Comments included, "The service supports people to lead good lives, staff work well together. Really good leadership," and "All paperwork is up to date, I feel supported by the [registered] manager, I have regular supervision, and I enjoy coming to work."
- Although there had been no complaints about the service the registered manager understood their duty to be honest with people when things went wrong. They had a good understanding of their responsibilities in relation to duty of candour.

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

- There were systems in place to monitor the quality of the service. This included regular auditing of daily checks and records by the registered managers, who took appropriate action to make any necessary improvements.
- The service's attitudes and practices were up to date and regularly discussed at staff meetings. Training was regularly refreshed. Staff we spoke with were knowledgeable about what was happening in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff told us the registered managers and members of the management team were approachable and they could speak with them at any time.
- The registered managers and staff liaised closely with each person's family members to ensure they were kept up to date with what was happening in the service.
- People's feedback about the service was gathered and any actions needed addressed.

Working in partnership with others

- The registered managers and staff had positive relationships with healthcare professionals and worked in

partnership with them to improve outcomes for people. It was evident from discussions with staff and reviewing care plans that specialist advice was sought and reflected the way support was being provided.