

# Cognithan Limited

# Manon House

## 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

### About the service

Manon House is a residential care home providing personal care for up to six people. The service provides support to people with mental health needs. At the time of our inspection there were three people using the service.

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

People were kept safe. Staff knew how to raise safeguarding concerns and how to report them appropriately. Risks to people were identified as part of the assessment and care planning procedure. Risk management strategies were in place to assist staff to manage these risks and to identify triggers for behaviours that may challenge, for people they were supporting.

There were sufficient numbers of staff to meet people's needs.

Medicines were managed in a safe way.

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.

Staff received a wide range of training to ensure they had the skills and knowledge to support people safely. Staff told us they also received regular, supportive supervisions.

People's dietary needs were being met, and they had access to healthcare services where needed.

People were supported by staff in a kind and caring way. People were supported and encouraged to maximise their full potential where ever possible. Staff knew the people well and care records detailed people's preferences, likes and dislikes. People had access to social activities that met their interests and needs.

A complaints procedure was available and displayed to enable people to access it if they or their relatives had a need.

People received personalised care and support to meet their needs and wishes.

People using the service and staff were given the opportunity to provide feedback on the service.

A wide variety of comprehensive quality assurance audits were in place to ensure the quality of the service was maintained. This included audits for medicines, staff competencies, care plans, food safety, incidents, accidents and complaints.

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 and update

The last rating for this service was requires improvement (Published 20 May 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations in relation to dignity and respect and good governance.

#### Why we inspected

We undertook this comprehensive inspection to check they had followed their action plan and to check whether they now met legal requirements.

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, which will help inform when we next inspect. 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 safe.

Details are in our well-led findings below.

# Manon 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Manon House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Manon House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

#### What we did before the inspection

We reviewed information we had received about the service since their last inspection. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law. We received feedback from the local authority and professionals

who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with two people using the service, the quality and compliance manager, the service manager, the registered manager and two staff members. We looked at records which included care records for three people, three staff files, medicines records and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse by the safeguarding systems the provider had in place.
- People told us they felt safe living at the service. One person said, "It's ok here, not bad and it's much better than where I was before." Another person said, "I feel safe here. The staff are very good with us."
- Staff were aware of the different types of abuse and knew the correct procedure to follow to report their concerns. Staff said their concerns would be acted on immediately by the registered manager or more senior staff if necessary and taken seriously.
- Staff received on-going training in safeguarding and whistleblowing. They said this training was regularly refreshed and helped them keep up to date with best practice.
- Records we saw confirmed safeguarding incidents were raised with the local authority safeguarding teams.

Assessing risk, safety monitoring and management

- People were protected against identified risks because the service carried out comprehensive risk assessments for people to help ensure that risks were minimised and dealt with effectively. We saw clear guidance for staff in the form of risk management plans that helped staff to minimise risks. Some examples of the risk assessments we saw covered managing people's mental health, managing medicines, managing behaviours that challenge, cooking, food and eating and support with personal care.
- Where there was an escalation in a person's behaviour that others found challenging the provider sought advice and guidance from health care professionals. People were subject to regular Care Programme Approach (CPA) meetings by their multi-disciplinary mental health teams. This meant that people's risk assessments were reviewed regularly to reflect people's changing needs and records confirmed this. Staff confirmed this with us.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- There were sufficient numbers of staff on duty to meet people's needs.

Using medicines safely

- People received their medicines safely and as prescribed by their doctors. We found that the provider had safe protocols for managing and administering people's medicines.
- Medicines were stored safely and securely in a central medicines cabinet. Storage of these medicines followed relevant guidelines. Staff followed required protocols when they supported people with their medicines.

- Only staff who were trained in medicines management administered people's medicines. We reviewed people's medicines administration records (MAR). We saw that staff had correctly followed the provider's policies when completing people's MAR charts
- There was a robust system in place to ensure medicines prescribed on an 'as required' basis were used appropriately. Protocols were in place for the safe use of these medicines.
- Staff had their competencies assessed to ensure they followed safe medicine practices.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections in line with current guidance.
- Staff used personal protective equipment (PPE) effectively and safely when they needed to.
- There were no restrictions on visiting arrangements and people's friends and family were able to visit in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Systems were in place for all accidents and incidents to be reviewed in order to identify patterns and trends in behaviour and other risks. Action was then taken to reduce these behaviours.
- Staff told us the manager had discussions with them following incidents to assess how things could have been managed differently and how they would manage such incidents in the future.
- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they received effective support through supervision. This included one to one meetings and team meetings. The manager acknowledged the frequency of these formal meetings did not meet the provider's own policy to do with staff supervision. They assured us that this was recognised and showed us a new supervision matrix that set out regular six to eight weekly individual supervision for individual staff members. A new supervision format set out the agenda of these meetings which included the direct work staff undertook with people. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.
- Staff received training that was relevant to their roles and to the specific needs of the people they supported. Staff received training in a wide range of core areas such as first aid, the safe administration of medicines, infection control, safeguarding and food hygiene. Staff told us this supported them to develop in their roles and progress.
- Staff told us they felt the training they had received was suitable and adequate for them to support people safely and effectively. Staff clearly knew people well and people were smiling and relaxed around staff.

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

- We saw that people's needs were assessed together with the person, relatives and health professionals to ensure the service was able to meet the person's needs and wishes.
- People's care plans included their healthcare conditions, the care and support they needed.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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

- People were supported to maintain a healthy balanced diet. People told us they had choices at mealtimes. We saw people were able to help themselves to food and drink and where necessary were supported by staff.
- A system was in place to monitor people's food and fluid intake where needed. This helped to ensure people were eating and drinking enough to meet their needs.
- Staff supported people to maintain a healthy balanced diet.

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

- Staff supported people to access healthcare professionals such as the GP, community psychiatric nurses

and other mental health professionals. This enabled people to have their health needs met appropriately by health professionals.

- Records confirmed that people had routine appointments such as an annual health check.
- A Health Action Plan [HAP] was in people's care files. The HAP detailed what was needed to promote the person's good physical and mental health, their likes, dislikes and triggers to behaviour.
- Staff monitored people's oral care to ensure their teeth and mouth were kept as healthy as possible. We saw dental appointments were made and check-ups took place.

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.

- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people.
- Staff understood they needed to ensure any decisions made were in line with the person's best interests and was the least restrictive way. Records we looked at also confirmed people were supported with their best interests and safety in mind.
- The quality and compliance manager told us and records confirmed DoLS referrals had been made to the local authority for assessment in line with MCA.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has improved to good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

At our last inspection the provider had failed to ensure notices and documents put up on notice boards were respectful to people and protected their dignity. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 10. People's confidential information was stored securely and notices on notice boards were not personalised.

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

- We observed staff interacting and speaking with people in a calm, friendly and kind way. People were relaxed and they told us they felt able to approach staff for support and care.
- Comments people made included, "Staff are caring and I get on well with them", "Staff are good, they are kind." We saw there were positive, caring and trusting relationships established between people and staff. The manager and staff members told us how they supported people's diverse needs and wishes to ensure people lived their best lives.
- Staff received equality and diversity training and knew people's needs well.
- People's cultural needs were assessed and met. For example, staff supported people to eat food appropriate to their cultural needs and choices.

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

- People were encouraged to express their views and where possible, make decisions about their care. Staff told us, "We involve people in their care, as we see them as central and if there are any changes or suggestions appropriate changes can be made to their care and support plans. We work closely with their mental health teams."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff told us how they worked with people to build their confidence and independence. People told us staff respected their privacy and dignity when providing care and support.
- Staff spoke passionately about their roles and were committed to supporting people to live full and active lives.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 told us they were involved in reviewing their care along with their mental health professionals. They confirmed they were enabled to make choices and were involved in decision making where possible.
- People's care plans detailed information regarding their personal preferences and people who were important to them. This meant staff had up to date information about people's individual preferences and what was important to them.
- People were involved in all aspects of the home including choice of meals, visiting places of interest and activities.

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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The provider ensured that information was made available to people about the service in different formats where needed and this included easy read documents.
- There was evidence that staff adapted their techniques to ensure they communicated effectively with each person, who each had different methods of communication. This included sitting and speaking with them in a calm way.

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 develop and maintain relationships that were important to them. One person told us they kept regular contact with a family member who was important to them. They said, "I have regular contact with my relative and staff have helped me to maintain my contact with them".
- People told us they were supported to pursue the social interests and activities that were important to them. We noted activities were wide and varied and people spoke enthusiastically about them to us.

Improving care quality in response to complaints or concerns

- People told us their concerns were listened to and acted on. The registered manager was very responsive to their feedback or any concerns they reported.
- The provider's complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise concerns or make a complaint. At the time of our inspection no complaints had been

made. However, the registered manager had a clear procedure in place for investigating and responding to concerns and complaints.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection. However, we saw that people's choices and preferences for end of life care had been taken into consideration.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has improved to good. This meant the service was consistently managed and well-led.

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also not maintained securely people's records, and this was also a breach of regulation 17.

Comprehensive improvement had been made at this inspection and the provider was no longer in breach of regulation 17. A new assessment process was implemented since the last inspection that has helped to ensure people's needs, risks and care plans were appropriately assessed and planned for. A new and effective quality assurance system of auditing the provider's systems has also been implemented. This has enabled the provider to maintain a higher level of quality ensuring improvements were made where necessary.

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. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality and compliance manager, the service manager and the registered manager were all aware of their registration requirements with CQC and of their duty of candour.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- There were processes and procedures in place to ensure people received the care and support they wanted.
- Staff were positive about how the service was run and the support provided to people.

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.

- Staff members told us they felt supported by the managers and were able to be involved by making suggestions and improvements within the service. Staff members told us the management team were all approachable and very supportive. One staff member told us, "They are usually available to consult with and are supportive when we ask for advice or support."
- The registered manager carried out spot checks and competency assessments on staff members. This has helped to ensure the staff team provided good care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
  - The provider recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
  - Comprehensive audits were carried out by the quality and compliance manager and staff on a regular basis in areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required, action plans were developed to address any issues or concerns identified.
  - Feedback questionnaires were sent out to visiting professionals, staff and people who used the service. The last survey was carried out in April 2022 and feedback was positive. Results were analysed and where improvements were found to be necessary, formed part of the service development and improvement plans.
- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the home.

#### Working in partnership with others

- The managers and staff developed good working relationships with mental health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, mental health professionals and GPs.
- We observed the service worked in partnership with local services and organisations to ensure appropriate support was co-ordinated for people if required, such as colleagues and places of worship.