

Raynsford Limited

Manchester Court

Inspection report

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21 April 2017

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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

This inspection took place on 20 and 21 April 2017 and was unannounced. Manchester Court provides accommodation and personal care for up to 20 people who are living with a mental health condition. There were 20 people living at the home on the day of our inspection. The home is set over five floors with a lounge, dining room, smoking room and a secure back garden.

At the last inspection in November 2014, the service was rated Good. At this inspection we found the service remained Good.

People told us they were happy living at Manchester Court and that they felt safe. People received individualised care which reflected their personal preferences, wishes and routines. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible.

People's care records were kept up to date with their changing needs. By closely working with health care professionals the risks to people's health and well-being were reduced. People were supported to eat a healthy diet. They were encouraged to make choices about their care and support and to be as independent as possible. People were treated with dignity, respect and kindness. People were supported by staff who had access to training and support to acquire and maintain the skills and knowledge they needed to meet their needs. Staff were supported to develop in their roles.

People's views were sought as part of the quality assurance process to drive through improvements to the service. A range of quality assurance systems monitored the standards of care provided. The registered manager valued the feedback from people, their relatives and staff and acted on their suggestions.

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.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Manchester Court

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 checked 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 20 and 21 April 2017 and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information that we held about the provider, previous inspection reports and any notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We looked around the home and talked with eight people and two relatives. Some people were unable to communicate with us due to their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four members of care staff, the deputy manager and the registered manager. We looked at the care records of five people and records which related to staffing including their recruitment procedures and the training and development of staff. We looked at a selection of records in relation to the management of the home including the quality and monitoring audits.

Is the service safe?

Our findings

People told us they were safe living at Manchester Court. Comments included: "I am safe here"; "I like it here, I'm safe, it's my home"; "I'm happy and safe here" and "I feel she's safe here. She's always happy to come back."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. One staff member said, "I would report any concerns straight to the manager or the deputy." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC.

People's health and well-being risks were assessed, monitored and reviewed. Clear guidance was documented on how staff should support people to reduce their risks such as supporting people with their physical and mental health risks. For example, guidance was in place for people who had been identified as at risk of choking. Staff were working with new people to put strategies in place to support them. For example, one person had been identified as being at risk in the community. The home had been made aware of the person's risk based on their background and history. Control measures had been put into place to support the person and these measures were reviewed on a regular basis.

People were supported by a dedicated and caring team. Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs. People spoke positively about staff and always felt there were staff available to meet their needs. One person told us, "There are enough staff, they're always about. I have a call bell, if I use it they come quickly." Another person said, "If I ever need assistance from staff I get it." Care staff felt there were enough staff deployed to meet people's needs.

People's medicines were managed safely. People were given their medicines on time and appropriately. Staff responsible for administering medicines had received training. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. One person spoke positively about the support they received with their prescribed medicines. They said, "They give me my medicines when I need them. I know what each medicine is for, they help me."

Is the service effective?

Our findings

People received care from staff who were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the home. Care staff were supported to undertake professional qualifications such as diploma's in health and social care. All staff had regular supervision and appraisal. People and their relatives spoke positively about staff and their skills. Comments included: "The carer's do care really well"; "The staff know what to do and they do help me" and "The staff are very good, they know what to do."

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of service users' rights regarding choice to their care and support. Detailed assessments had been conducted to determine people's ability to make specific decisions in accordance with the Mental Capacity Act 2005 and where appropriate DoLS applications had been submitted to the local authority. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We could see that people received their care in a flexible way: people were able to choose how and where they spent their time, for example one person was supported to go for a walk, they chose exactly where they wanted to walk and how long for. Staff were encouraging and supported people to make their own choices. People told us their decisions were respected and they had control of their care. Comments included: "I like my independence, I feel I'm in control"; "I feel my choices are respected. I can go out if I want to, I'm going to vote, it's important for me to vote" and "They offer me choices. Give me support and respect me."

People were supported to maintain a healthy balanced diet and eat well. They told us there was always plenty to eat and drink. Comments included: "There is always plenty to eat and drink and it is always well presented"; "I really like the food here" and "I get plenty of food, I've put on weight. I like the mainly traditional English meals. I never go without." Staff understood the importance of good nutrition and encouraged people to eat well. Care staff and the chef knew people's needs and the support they required. For example, one person had a specific routine to manage their anxieties at meal time. All staff were aware of this routine and we observed them following it.

Where people received healthcare support, a clear record of appointments was maintained. For example, one person was living with diabetes and a clear record of their health appointments and the outcome of these appointments were recorded. One healthcare professional spoke positively of the service. They said, "I think (people) are getting good care. The staff are pretty good here."

Is the service caring?

Our findings

People developed positive relationships with staff and people were treated with compassion and respect. People spoke positively about staff. Comments included: "I like it here, I get on well with staff. It's my home"; "I'm happy here, I've been here a long time. The staff are kind and caring" and "The staff help me with everything I need." We observed that staff were encouraging and attentive of people and enjoyed supporting people within the home and to access the community. For example, staff took time to sit with people and talk to them about current events.

People were relaxed in the company of staff and clearly felt comfortable in their presence. Staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes, for example if they wanted to go out.

During our inspection, one person was admitted to hospital. The registered manager ensured the person was okay and contacted healthcare professionals for the person. The person had a dog, the registered manager ensured the dog was looked after and taken for a walk, whilst the person was in hospital.

People were treated with dignity and respect. We saw that staff were aware if people became anxious or unsettled and provided people with support in a dignified and reassuring manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance if required. When staff entered people's personal rooms, they ensured that they knocked and made every effort to protect people's dignity. One member of staff said, "We know people well, if someone is anxious, we reassure them, we make them comfortable."

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and detailed care plans had been developed in conjunction with people living in the home and where appropriate their relatives. Staff knew people and their needs well; they understood the each person's background and knew what care and support they needed to maintain their health and wellbeing. For example, one person's care plan stated the support they needed; the person had been involved in writing the care plan and discussing their needs. The person was supported to make decisions around diets and staff supported them to make informed choices.

The registered manager and staff ensured people received a service which met their wellbeing needs. For example, one person was supported to move their bedroom, as staff felt they were often anxious in their original room. The person with their consent was supported to move to another bedroom. The registered manager and staff had identified this had had a positive impact on the person's wellbeing. The person told us, "I like my room."

People were supported to spend their days as they chose. For example, people were supported to access local shops and amenities. One person, who was living under DoLS, was supported to access the local community with staff on daily basis. Staff had walked with the person around the local town centre which had enabled the person to identify places where they had worked and which were important to them. People felt happy living in the home and enjoyed the time they spent with staff and other people. One person told us, "I am happy here, I'm happy that I can go into town."

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be carefully considered. One person told us, "If I have any concerns I can report them." A person's relative told us, "The service is moving in the right direct. No complaints." The registered provider had a complaints and complements system in place to record concerns and the action that had been taken as a result.

Is the service well-led?

Our findings

People and their relatives were positive about the registered manager and felt confident that they would always listen and take account of their views. Comments included: "I'm happy to go to the manager" and "I am asked for my views, I feel they talk to me. They definitely involve people." Staff felt supported by the registered manager and the provider. One staff member said, "(Registered manager) will always offer to help. I get the time and support I need." Another staff member told us, "I feel like I am supported. I can chat confidentially about concerns. The manager is good."

People and their relative's views were sought and respected. People's views were sought through regular resident meetings. The registered manager used these meetings to discuss people's views and make any changes. The registered manager was also analysing the results of a survey of people and their relative's views. People also received information through monthly newsletters which provided information about current events and birthdays.

The service had a positive ethos and a supportive culture. Staff members were passionate about their roles and the people they were supporting. They were encouraged to come up with innovative ways of caring for people and to discuss new ideas with the people they supported. One member of staff told us, "There were things in staff meetings we asked to be changed. We asked for a cleaner to assist us, straight away they got a cleaner."

Quality assurance systems were in place to help drive improvements which included a number of internal checks and audits. These helped to highlight areas where the service was performing well and the areas which the registered manager and provider wished to develop. The registered manager had a clear action plan for the service, this included updating people's care and treatment records to make them personalised and also the redecoration of the home. Maintenance workers employed by the provider were carrying out redecoration work at the home.