Raynsford Limited

Manchester Court

Inspection report

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Date of inspection visit: 25 and 26 November 2014
Date of publication: 08/05/2015

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

Overall summary

This was an unannounced inspection which was carried out on 25 and 26 November 2014.

This service was last inspected on 2 April 2013 where it was found to be fully compliant.

Manchester Court provides care and support for older people and for those with mental health needs. It can accommodate 20 people. At the time of the inspection17 people were living at the service. The facilities were set out across four floors with kitchen and utilities on the lower ground floor. The main communal areas were on the ground floor. A passenger lift helped people get to the first and second floors where there was a second lounge, bedrooms and bathrooms.

A registered manager was in position and had been managing Manchester Court since April 2014. 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.

Summary of findings

The environment was clean and there were processes in place to stop infection spreading.

People received their medicines as prescribed and were supported to administer these themselves if able to do so. Arrangements were in place to ensure people were protected from potential errors related to their medicines.

People were protected against abuse because the staff knew how to recognise abuse and appropriately report any allegations of abuse to relevant agencies. Potential risks to people were identified and managed well.

People were supported and had their needs met by staff who had been checked as being suitable to work with vulnerable adults. Individualised care was delivered by staff who had time to do this and who had the correct support and skills to do this effectively.

People were provided with choices in food, what they did each day, who cared for them and when they wanted support it was provided. Several people were supported to or used the local community independently. This included visits to a social club, hairdressers, shops and other places of choice. A volunteer provided a quiz on two nights of the week and encouraged people to join in topical conversations. Any activities or entertainment involving an external entertainer had to be paid for by those who wished to partake in this. We were told that people rarely wanted to do this.

Some people had behaviour that could be perceived as challenging. The staff worked closely with other health and social care professionals to manage risks associated with this. For example, one person received the support of a psychologist. Detailed risk management strategies and effective staff support meant people's challenging behaviour was effectively managed in the least restrictive way.

People's rights were protected through the appropriate application of mental capacity assessments. People with mental capacity were actively involved in the decisions made about their care, health and welfare. A volunteer helped people voice their concerns, goals, aspirations and preferences. These were incorporated into people's individual care plans and acted on.

Appropriate people and those who mattered to the person, were involved in planning and reviewing the person's care, if, this is what the person wanted. People had access to health and social care professionals who helped to ensure their needs were met and their support remained effective.

The registered manager was a strong advocate for the people she supported and ensured their rights and needs were maintained and met. The registered manager worked hard with other professionals to ensure people's wishes about their health and future were met.

Summary of findings

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. People's medicines were managed safely and arrangements were in place to address potential medicine errors.

People lived in a clean environment and arrangements were in place to prevent the spread of infection.

People were protected against abuse and discrimination.

Risks to people were identified and managed with the person's agreement wherever possible.

There were enough staff to meet people's needs and recruitment processes protected people against those who may not be suitable to care for people.

Is the service effective?

Good

The service was effective. People were supported by staff who were trained and supported to meet people's needs.

Current legislation was adhered to so that people who lacked mental capacity were protected and people were supported in the least restrictive way.

People were provided with food that they enjoyed and nutritional risks were managed.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect.

Staff knew the people they cared for well and approached each person as an individual.

People's quality of life and wellbeing were at the centre of what staff did and

Is the service responsive?

Good

The service was responsive. People had help to enable them to take part in the social activities they wished to partake in.

People's assessments, care plans and care reviews were relevant and responsive to people's needs and preferences.

People were provided with choices and these were acted on.

People were supported to raise concerns and complaints and where possible, these were addressed and resolved.

Is the service well-led?

Good

The service was well led. Staff were provided with strong and fair leadership both from the registered manager and the provider.

Visions and values were shared with staff and they were involved in improving the service and the care provided to people.

Summary of findings

Quality monitoring systems were robust and action plans were in place to ensure continued and on-going improvement to the quality of care and services people received.

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 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.

The inspection took place on 25 and 26 November 2014 and was unannounced.

The inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection a Provider Information Return (PIR) was sent to the registered manager. 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 reviewed notifications which are information the provider is required to send us about significant events.

We spoke with 10 people who live in the home, one visitor, eight members of staff, two maintenance staff and two volunteers. We also spoke with the provider's representative and the registered manager. We looked at five people's care records, which included their care plans, assessments of risk, care monitoring charts and their medicine records. We watched how staff supported people and spoke with them.

We looked at staff files including the recruitment procedures and the training and development of staff. We also looked at records that related to how the home was managed to include accident and incident records and health and safety records. We also looked at records which documented the monitoring of the quality of care and services provided as well as improvement plans. We looked at complaints and compliments received by the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. A volunteer said "I would say staff are good here, there have been no incidents when I have been here and I have been coming for a long time."

When we arrived on the first day it was cold in the home. Four people who were seated in the lounge and dining room told us they often felt cold. There was no thermostat in the dining room which was particularly cold. One person commented "that is definitely one thing, the cold in the bedroom. The heating is not switched on until we complain." We reported the cold temperature to the registered manager who organised the heating to be reset and the home was warm for the rest of the day and when we re-visited on the second day.

There were arrangements in place to ensure medicines were managed safely. We witnessed one member of staff sign that a person had taken their medicines before this had taken place. This potentially could lead to medicine errors. This was reported to the registered manager who addressed the issue with the member of staff. This member of staff had previously demonstrated that they were fully competent but the registered manager planned to re-check the staff member's medicine administration competencies.

Specific guidelines were in place for staff if people were on pain relief medicines or medicines that were prescribed for use on an "as required" basis. One person administered their own medicine with staff support to ensure they did this safely.

Arrangements were in place to prevent the spread of infection. These included staff wearing protective gloves and aprons when providing personal care, delivering food or managing laundry. Arrangements were in place to segregate soiled laundry so it was not directly handled. Cleaning equipment was seen and colour coding was not in use but the mops were labelled for use in designated areas. This guided staff to use the mops in specific areas in order to prevent cross contamination. The registered manager told us the mop heads could not be detached for washing purposes. We spoke with the registered manager about the National Colour Coding Scheme for cleaning equipment and the need for ensuring mop heads could be regularly changed or washed. We witnessed one spillage of urine and this was mopped up by staff using the correct mop. One volunteer confirmed the staff had not allowed them to visit when there had been an infection in the home.

Staff knew how to protect people from abuse and how to report allegations of abuse appropriately. The registered manager shared relevant information relating to this with the appropriate agencies when required to do so. The subject of safeguarding people was discussed at staff meetings so that it remained a key topic within the home.

Risks to people were identified and managed well. Risk assessments and records of how risks should be managed were in place for staff to follow. People were supported to be aware of what their risks were and how to manage them. This included associated risks relating to people's monies, such as inappropriate people becoming involved with a person's finances. Care plans for each individual outlined the financial arrangements to support and protect people from financial abuse. Several people managed their own monies with support from their appointed representative. Where needed the registered manager facilitated a referral to the Court of Protection for those who had no support and were unable to manage their own financial affairs. We reviewed the monies being held for three people. There was records of their income and expenditure with receipts. Staff were aware of who held Power of Attorney for finances.

Risk assessments were carried out to ensure the environment and building was safe. People who smoked were encouraged to smoke in the designated smoking areas. The importance of smoking in these areas was discussed at the 'home meeting'. Particular risk management strategies were in place for some people who potentially would smoke unsafely if not supervised. Most people held their own cigarettes and lighters and smoked outside the building. We witnessed three people smoking in the upstairs lounge which was a designated smoking area. An extractor fan had been fitted in this room but it was off when we visited. One person explained why and said "it's freezing in here when it's on."

Staff recruitment records showed staff had been appropriately checked as being suitable to work with vulnerable adults before they started work. Their past employment history had also been explored and references requested and received.

Good

Is the service safe?

There were enough staff to meet people's needs. Staff shared the cleaning and laundry tasks amongst themselves and on one day an additional cleaner worked. The role of the additional cleaner was to clean areas in more depth. We did not observe anyone not having their needs met because staff had these additional duties. One member of staff said "people's care needs would always come before the cleaning anyway."

There were sufficient staff on duty to support people during the night. The registered manager had sometimes worked at night to support the night staff or adjusted the night shift staff arrangements when people needed more help at night. For example staffing had been adjusted when a person's challenging behaviour escalated and they required more supervision and when another person needed more physical care.

The home's environment was clean, including the kitchen which was organised and tidy. The kitchen had been rated as a "four" (meaning 'good') by the Food Safety Agency. The rooms were cleaned thoroughly before they were occupied however, one bedroom had an odorous carpet. We were told it had already been identified as needing to be changed but the person occupying the room had needed to be admitted quickly. There was no specific rota for carpet cleaning but carpets were cleaned when needed. When carpets were cleaned this was recorded. We were told the carpet cleaner worked inconsistently however by the end of the first inspection day a new carpet cleaner had been purchased.

The home had a business continuity and emergency plan in place. The provider's representative told us they were looking for a place locally for people to be evacuated to in the event of an emergency. There were 'grab bags' which contained torches, blankets and snacks to be used in emergencies.

Good

Is the service effective?

Our findings

People's health and care needs were met with their consent and involvement. Where people were able to give consent they had signed consent forms. For example, one person's care records showed their signed consent for information to be shared with other health and care related professionals and consent for the administration of their medicines. Another person had signed their consent for personal care to be delivered to them which included having a shave.

Where people lacked mental capacity they were protected under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This was because the registered manager ensured this legislation was adhered to. The MCA and DoLS ensures that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered manager had a good working knowledge of the MCA and DoLS. People's mental capacity had been assessed in relation to specific decisions and situations. If appropriate best interest decisions were made and recorded. For example, there was a record of a best interest decision meeting held with a person living in the home and their representative to discuss how to best support them when they were reluctant to return home. Another person's mental capacity had been assessed by an Independent Mental Capacity Advocate (IMCA) who had been used to support this person through a particular situation.

The registered manager explained that staff took guidance from her in relation to any issues relating to the MCA 2005 and DoLS. Staff had yet to complete a training module on the subject but this had been organised. We saw evidence which showed staffs' competencies were assessed in certain areas of care, such as medicine administration and personal care. Records showed staff received support sessions from the registered manager on their practice and performance. One member of staff said "I am supposed to have it (the support session) once a month, but I probably had it two months ago; we also have an annual appraisal". Records showed some staff received support sessions more frequently. Two members of staff were going through various policies and care plans with the registered manager during the inspection as part of their induction training.

People's wishes regarding resuscitation in the event of an emergency had been discussed with them and recorded.

People had their health needs addressed when required. One person said "I can see a doctor when I want to and the optician comes periodically. A person's dental needs had been addressed by using a local NHS Dentist. A chiropodist visited on a regular basis. One person said "the chiropodist comes every six weeks, but my toe and hand nails are terrible. I must have missed the chiropodist." The registered manager confirmed that the person had missed their last appointment because they had been ill but stated they were to be seen soon.

Staff regularly managed situations where people became upset or anxious and where their behaviour could be perceived as being challenging. Staff knew people well and had been trained to manage these situations effectively and safely. People's care plans were focused on their individual needs and gave staff guidance. Where needed staff actively sought the involvement of specialist health professionals. One person had received support and therapy from a psychologist who had also worked with the staff on how to manage the person's behaviour.

The service had a policy called "Restraint" (physical intervention). It stated that "restraint" should be used as a last resort and only in an emergency. One person had very specific risk management strategies recorded for staff to follow. These did not include physical intervention (restraint). Two other people's records recorded very detailed planned strategies which were to be used when the person's behaviour, which could be perceived as challenging, escalated. The recorded accounts of how staff managed these situations showed they had followed the planned strategy which meant people were protected against unlawful use of physical intervention.

The registered manager explained that all staff had or were working towards attaining recognised training modules in understanding challenging behaviour in dementia. One member of staff had completed a specific course in supporting people with dementia and was helping to improve outcomes for people who live with a dementia.

People told us they always enjoyed the meals in the home. One person was happy with their food and said "Yes, I had a couple of boiled eggs for my breakfast, you can have all sorts. We can have a fried breakfast on a Saturday and porridge or eggs and toast during the week. We have plenty to drink, six times a day. We get a hot meal at lunch time and sandwiches at 5.30pm." People were not offered a biscuit with their mid-morning drink. We were told by a

Good

Is the service effective?

member of staff " If they ask we give them biscuits, but we don't want to ruin their lunch". We asked one person about this who told us "No, I am never hungry, everything is hunky- dory here and we are well fed and watered".

Where risks had been identified in relation to people maintaining a healthy intake of food and drink care plans and risk assessments had been written to guide staff on how to manage this. One person's care plans recorded the fact they had been prescribed calorie boosting drinks to help them increase their weight. We spoke to the cook who maintained a dietary requirement sheet for each person. Information was communicated to her about people's specific risks and dietary requirements and she recorded these on this form. For example, one person was diabetic.

Another person had lost weight because they tended to hide their food. This person was supervised as closely as was practicable, without it being intrusive. Staff also monitored the situation by checking for hidden food when carrying out their cleaning tasks. Where people agreed staff monitored their weight.

People's needs and abilities were assessed before they moved into the home. Some adaptations had been made to the home to meet people's needs such as walk in showers and coloured walls to help people orientate themselves. Where there were no adaptations, such as the top floor bathroom, everyone on this floor was able to use an un-adapted bath. There were planned improvements for the access to the call bell system in the lounge for those who could not reach a call bell from where they were sitting.

Good

Is the service caring?

Our findings

The registered manager was very clear that any form of disrespect for the people who use the service would not be tolerated. Supporting people with dignity was key to the registered manager's ethos. We observed examples of where people who found it difficult to express their thoughts were supported to do this in a dignified and respectful manner. Some people had very complex emotional and psychological needs which were understood and managed with patience by the staff.

One volunteer acted as an advocate for people who lived in Manchester Court. For example, they supported people during their monthly individual review meetings with the registered manager. They helped people discuss their goals and any adjustments they wanted made to their support. The volunteer described their role as that of a dignity champion.

We observed one member of staff sitting with one person trying to talk with them. This person told us they enjoyed the company of the member of staff even though English was not the staff member's first language. Another person told us they had felt particularly low in mood and upset one day and they said "(member of staff's name) just listened to me and gave me a hug. They were very kind and it was just what I needed." Another person said "I am happy with all the staff here". One volunteer said "this place is acceptable and friendly and the residents don't ever say they are not happy." Another volunteer who visited from a church said "we have no restrictions on visiting, we are welcomed all the time."

People were involved in all of the decisions that were made about them and this was evident from their care records. The care records and observations made during the inspection showed the individual person was truly at the centre of the care that was provided.

Staffs' interactions with people showed they really cared about people's wellbeing. They were interested in what the person had to say and what mattered to them. We witnessed one person come into the office to ask for support. This was discussed with them and then the registered manager said in a caring way "and who would you like to support you with this."

One person was observed to be feeling anxious and unwell during the inspection. Staff cared for the person in a non-judgemental and caring manner. Staff explained they had been through this before with this person and had an understanding of where the person was emotionally at this point and dealt with the situation compassionately.

Good

Is the service responsive?

Our findings

People had opportunities to access activities within the home. People had to contribute towards the cost of external entertainers or specific group activities as there was no budget for home activities. The registered manager said it was sometimes difficult to get people interested in doing anything. An opportunity had arisen for music therapy to take place, but people had not wanted to pay for this. We were told that one of the care staff plays the guitar on occasions.

People made independent choices about how they spent their time, some were happy to do their own thing, some had support to socialise. Two people would have liked more opportunities for social activity and entertainment and one person commented that people could be more stimulated. The registered manager explained that people sometimes expressed a wish to partake in social activities and then, when the opportunity arose, declined to partake.

One volunteer supported people to be involved in social activities and to enjoy the wider community. For example, they took one person, sometimes two, to a local club which provided a social evening. This was advertised on the notice board. At the time of the inspection one person said they would go but later declined. The volunteer told us they always asked the person again even if they declined because when they go they really enjoy it. This volunteer said "Some people do not want to know" but went on to explain that others would join in a conversation about the current news or join in the quiz they ran twice a week. Some people used to go to Bingo locally but this was not currently happening.

Another person had been supported to visit a local memory café which provided a social gathering for people living with dementia and now this person attends this each month.

People's care records showed they were very involved in planning their care. Care plans were devised with people and evolved as staff learnt more about the individual. One person's care plans and risk assessments explained what their physical care needs were and what was needed to help them maintain good health. They then gave detailed information that the person wanted known about themselves so that those supporting them could be more responsive to them as an individual. For example, it said "I am a quiet person and keep myself to myself", "talk to me straight, call a spade a spade" and "I have a dry sense of humour". Another person's care records described their physical needs and then stated, "I will ask the same question twice", "I will make false accusations about people", "I will refuse to take direction and will hit out at people". Recorded risk strategies then explained how each of these issues were to be managed and recognised how this caused the person to be isolated and what support should be given to minimise this.

People's records identified others who were important to the them and what kind of involvement they had. For example, one person's records showed that their son's involvement was important and they were going to be involved in the next care review meeting which, may lead onto some best interest decisions being made.

Records showed how the staff worked closely with other health and social care professionals to ensure people's needs were responded to. The registered manager explained it was sometimes difficult to get the right level of support for people when medical and mental health professionals could not agree on what was causing a person's problems. At times the registered manager had needed to be assertive in order to get the person's needs responded to.

People made choices about how they wanted their personal care to be supported. We saw that some people looked unkempt, for example, they had not had a shave or their hair looked as if it needed washing. We asked the staff about this and they explained they provided personal care when people consented to this. If people started to self neglect or continue to refuse support with their personal hygiene the issue would be reviewed with them and the registered manager.

People gave us other examples of when their choices and views were respected. For example people had choices about where they would like to sit at lunchtime or if they preferred a bath or a shower. One person told us they had chosen their own bedroom floor covering. Another person told us there were days when they wanted to be left alone and staff respected this.

The complaints procedure was on the notice board in the hall. It explained to people living in the home and to visitors how to make a complaint. The role of one of the volunteers was to support people living at Manchester Court to raise

Good

Is the service responsive?

any concerns they had or to make a complaint. Three complaints had been received, two made by anonymous people from the wider community. These were about the noise some people made when outside the building. The registered manager told us these had been difficult to respond to as they had been anonymous, although the actions taken to try and respond to these had been pinned up on the notice board. The registered manager explained that people's wellbeing was monitored and where staff were aware of someone being more vocal than usual staff responded to this to try and find out why and address the situation. The third complaint had been from a person within the home and this was resolved by the registered manager.

The registered manager told us that any information of concern or a complaint received was viewed as an opportunity for staff to learn or improve a situation for a person. There were also compliments pinned to the notice board. One said "You ladies look after me so well. You deserve a medal."

Good

Is the service well-led?

Our findings

The registered manager provided strong leadership and communicated their visions and aims for the service. They demonstrated a good working knowledge of the needs of the people they cared for. They were studying towards a level five diploma in heath and social care. They were aware of how current legislation should be used to protect the people they cared for. They acted as an advocate for the people who lived in the home. They had worked hard to improve outcomes for people who live at Manchester Court.

We observed the registered manager being a good role model for their staff. They encouraged an open and transparent culture and communicated effectively with the people who live in the home, the staff and visiting professionals. The registered manager constantly encouraged and supported staff throughout the inspection. They also communicated effectively and constructively to reduce poor care practices.

Staff made the following comments about the registered manager, “she is interested in me and my development”, “yes she is very approachable”, “kind with everyone”, “does not treat anyone any differently”, “she explains things and never shouts or gets irritated” and “she’s a real motivator”.

We were joined by a representative of the provider for part of the inspection. There was a good working relationship between them and the registered manager. The registered manager was recognised by the provider’s representative to be the expert in the area of people’s care. The provider’s representative had clear visions and aims for the service and the two planned and delivered these together to improve the services provided to people.

Audits and checks were carried out by the registered manager to ensure that the systems put in place worked and were maintained. Systems already improved by the registered manager included better involvement with people with regard to their care planning and risk management, improved documented information about people for staff and health professionals’ use and improved support and training for staff. The provider’s representative also carried out their own quality monitoring to ensure people were receiving quality care and that the registered manager was performing well. Any shortfalls were discussed and improved on. Audits completed throughout the year helped to provide information that then formed a yearly action and improvement plan.

The registered manager had managed the service since April 2014. A routine audit identified many shortfalls and areas for compliance with the Health and Social Care Act 2008 Regulations 2010. By July 2014 many of the main shortfalls had been addressed and work then started on improving and evolving the care and systems in place. For example, meetings with people who live in the home, their relatives and staff all improved and became more frequent.

The provider’s representative takes the lead on reviewing one of the company’s policies and procedures per month with the involvement of their home managers. Staff are actively involved in this process which helps staff understand and embed the policy.

Accidents and incidents were recorded and the lead up or trigger to these analysed in order to look for patterns that could help determine how a reoccurrence could be avoided. Risk strategy plans were often devised or amended following this process. In the case of one person the involvement of an occupational therapist and physiotherapist had helped to reduce those risks.

Both the registered manager and provider representative make appropriate notifications to us. They communicate regularly with us on matters that they feel we should be aware of and provide information in a timely manner if requested.

The registered manager was proactive in listening to people’s concerns. For example on the first day of our inspection, one person commented that their bed was uncomfortable We inspected the beds with the registered manager who agreed the quality of the mattresses required improvement. On the second day of the inspection replacement mattresses were delivered for these beds. The registered manager told us she checked the cleanliness of mattresses but would now include a check on the comfort of the mattresses to her auditing.

A maintenance plan was in place to address the decoration, roofing and structural improvements of the home.