Roche Healthcare Limited

# Mansion House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Mansion House Care Home is a service registered to provide residential and nursing care for up to 26 older people. The service has a dedicated dementia care unit for 14 people. It also provides respite care for people who need nursing or residential support. Mansion House is a detached property built on two floors. The upper floor is serviced by a vertical lift. There are 26 single bedrooms and the majority have en-suite toilet facilities. At the time of our inspection there were 25 people using the service.

At the last inspection, the service was rated 'Good', but the provider was in breach of one regulation. This was Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities ) Regulations 2014. The breach was in relation to poor upkeep of records, ineffective quality monitoring and therefore ineffective risk management.

At this inspection we found the service remained Good and that the breach of Regulation 17 was now met. Records were well maintained and up-to-date, quality monitoring had improved and was more effective and risk management had also improved.

The registered provider was required to have a registered manager in post. On the day of the inspection there was a manager that had been registered for the last four months, but had managed the service since summer 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from the risk of harm because the registered provider had systems in place to manage safeguarding concerns and staff were trained in safeguarding adults from abuse. Staff understood their responsibilities with regard to reporting safeguarding concerns. Risks were appropriately managed and reduced so that people avoided injury or harm.

The premises were safely maintained and there was documentary evidence to show this. Staffing numbers were sufficient to meet people's needs and we saw that rosters cross referenced with the staff that were on duty. Recruitment systems were followed to ensure staff were suitable to support people. The registered manager and staff safely managed the systems and practices for handling medicines and the premises were clean and hygienic.

Qualified and competent staff were employed and formally supervised. Their personal performance was checked at an annual appraisal. People's mental capacity was appropriately assessed and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Records of best interest decisions were not as complete as they could have been and had not been reviewed / updated recently.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitably designed and furnished for providing care and support to older people and to those living with dementia within the dementia unit.

People received compassionate care from kind staff that knew about people's needs and preferences. People received the information they needed to support them with their care, were involved in their care decisions and asked for their consent before staff undertook any support tasks. People's wellbeing, privacy, dignity and independence were respected. This ensured people felt satisfied and were enabled to take control of their lives.

People were supported according to their person-centred care plans, which reflected their needs and were reviewed. They engaged in some pastimes and activities if they wished to. People had very good family connections and support networks. An effective complaint system was used and complaints were investigated and responded to in a timely way. People and their friends and relatives were encouraged to maintain relationships of their choosing.

The service was well-led and people had the benefit of a culture and management style that was positive and inclusive. An effective system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. People made their views known through direct discussion with staff and via the complaint and quality monitoring systems. Confidentiality was maintained as records were held securely in the premises.

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.

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|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Mansion House

**Detailed findings**

## Background to this inspection

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

The inspection of Mansion House took place on 14 June 2017 and was unannounced. One adult social care inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when providers send us information about certain changes, events or incidents that occur. We also received feedback from local authorities that contracted services with Mansion House. We reviewed information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR 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.

During the inspection we spoke with four people that used the service and two relatives. We spoke with the registered manager and two staff that worked at Mansion House. We also completed a 'Short Observational Framework for Inspection' (SOFI). SOFI is a means of gathering information about people's experiences of care; people who we are unable to verbally communicate with. We looked at care files belonging to three people that used the service and at recruitment files and training records for four staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw people's bedrooms, with their consent.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Mansion House Care Home. They explained to us that they found staff to be 'Dependable and safety aware.' Relatives we spoke with said, "My [relative] is so much safer here" and "My [relative] was not safe at home, but now they are here I have peace of mind."

Mansion House Care Home staff had systems in place to manage safeguarding incidents and demonstrated knowledge of their safeguarding responsibilities. They knew how to refer suspected or actual incidents to the local authority safeguarding team, as they were trained in safeguarding people from abuse. Their training records evidenced this.

Safeguarding incident records were held in respect of handling incidents and the referrals that had been made to the local authority. We saw that where safeguarding referrals had been made, appropriate actions had been taken and where necessary police and coroner involvement had taken place.

Formal notifications were sent to us at the Care Quality Commission regarding incidents, which meant the registered provider was meeting the requirements of the regulations. People's finances (their personal allowances) were safely accounted for, where they were managed by the service. Sample checks on balances and accounting records evidenced this. All of this ensured that people who used the service were protected from the risk of harm and abuse.

Risk assessments were in place to reduce people's risk of harm from, for example, falls, poor positioning, moving around the premises, inadequate nutritional intake, developing poor mental health and the inappropriate use of bed safety rails. These were in the form of 'method statements', which told staff exactly how care tasks were to be carried out and how equipment was to be used with minimum risk. People also had personal safety documentation for evacuating them individually from the building in an emergency.

Maintenance safety certificates were in place, covering the utilities supplied to the premises, fire safety, the passenger lift and lifting equipment, emergency call bells and the hot water supply. All of these were up-to-date. There were contracts of maintenance in place as well for ensuring the premises and equipment was safely maintained. The service handyperson carried out a routine fire safety test during our inspection and systems were found to be effective. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

The provider of the service had accident and incident policies and records in place in the event of an accident. Records showed that these were recorded thoroughly and action was taken to treat any injuries and prevent accidents re-occurring, wherever possible.

We looked at some staffing rosters and these corresponded with the numbers of staff on duty during the inspection. Deployment of staff was dependent upon people's needs; the dementia unit had three staff on duty in the morning and the main house had two. We saw that on the dementia unit at tea time staffing levels were different to what they were in the morning; they dropped from three to two, which meant that

staff assisting people to move using the hoist had to leave other people unsupervised. This was discussed with the registered manager who said the dementia unit lounge was never left unattended, but explained that any need for further support at busy times was requested of staff or the activities coordinator in the main house. One staff that worked on the dementia unit corroborated this.

Nursing staff were employed to ensure one trained nurse was on duty each shift. Sometimes agency nurses worked at Mansion House and on the day we inspected a bank nurse, employed by Roche Healthcare was on duty. They had worked at the service before and knew people.

People and their relatives told us they thought there were enough staff to support people with their needs. One relative said, "There are sufficient staff around to meet my [relative's] needs when I visit, but I am not here all day." One person that lived at Mansion House Care Home said, "There are enough staff around to offer help when we need it". Staff told us they covered shifts when necessary and most of the time had sufficient time to carry out their responsibilities to meet people's needs.

A thorough recruitment procedure ensured that staff employed were suitable for the job. Job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before staff started working with people. A DBS check is a legal requirement for anyone applying for a job with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The recruitment files we looked at contained information about DBS checks.

Medicines were safely managed within the service. A monitored dosage system, supplied by a local pharmacy, was used to offer safer management of medicines and easier auditing. This is a monthly measured amount of medication that is provided by the pharmacist in individual dispensing cassettes. Tablets are divided and stored according to the required number of daily doses, as prescribed by the GP. The cassettes allow for measured doses to be administered at specific times. Anyone wishing to self-administer their medicines was able to do so if they were assessed as having capacity to do this.

Medicines were obtained in a timely way so that people did not run out of them; they were stored safely, and administered on time. Any unused medicines were safely returned to the pharmacist and a record of these was held and signed on collection.

A selection of medication administration record (MAR) sheets we saw showed that medicines were recorded correctly on administration. Stock checks were accurately noted on the MAR sheets too. Controlled drugs were securely held, safely administered and accurately recorded in a controlled drug register. Controlled drugs are those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. People were satisfied with the way their medicines were managed.

The service had a food hygiene rating score of 4 in September 2016, where 0 is the worst score and 5 is the best. Environmental health officer 'Food Hygiene Rating Scores' are based on how hygienic and well-managed food preparation areas are on the premises. The service had effective systems for handling and managing laundry and for keeping the premises clean and hygienic. Cleaning records were maintained. Systems protected people from harm associated with poor hygiene practices. The premises were free from unpleasant odours and therefore a pleasant environment to be in.

Good

# Is the service effective?

## Our findings

People we spoke with said the staff at Mansion House Care Home understood them well and had the knowledge to care for them. They said, "The staff are lovely and always know what to do to help" and "Staff go on courses and are trained to support us."

The registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles.

Staff completed an induction programme, received regular one-to-one supervision with a senior staff member and took part in a staff appraisal scheme. Induction, supervision and appraisal were all evidenced from documentation in staff files and via discussion with staff.

Staff confirmed the training they had completed and the service administrator monitored training on an electronic training record and retained training certificates. They told us that the organisation had a training facility in Leeds, but this method of training was soon to be replaced by on-line training courses, so that staff would not need to travel to Leeds.

Senior staff also carried out observational supervisions on care workers to share good practice and to monitor the staff groups' overall performance. The activities coordinator was also an NVQ assessor as well as an organisation 'bank' staff member.

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 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 were being met. Where people were assessed as having no capacity to make their own decisions, the registered manager arranged for best interests decisions to be reached, DoLS applications to be made where a restriction was in place and for reviews to be carried out. This was managed within the requirements of the MCA legislation.

People consented to care and support from staff by either verbally agreeing or accompanying staff when asked to and accepting the support they offered. Discussion with staff revealed some people on the dementia unit disliked receiving personal care and so best interest decisions had been reached to ensure their health was not compromised by a lack of such support. It had been agreed for one person that, where necessary, 'as and when required' medicine was administered to reduce their anxiety at such times. This was documented within best interest records, but we saw that not all decision makers' names had been recorded.

The list of professionals involved was obtained from making contact with the local authority and the Care Home and Dementia Team at Tees, Esk and Wear Valleys NHS Foundation Trust. We were told that

appropriate documentation had been supplied by the Dementia Team. The documentation we saw in use to record capacity assessments and best interest decisions was documentation supplied by the provider, Roche Healthcare Limited. This was not as detailed as it could have been and had not been improved upon since implementing it in January 2016 for the person.

People's nutritional needs were met because staff consulted them about their dietary likes and dislikes, allergies and medical conditions. Staff sought the advice of a Speech and Language Therapist (SALT) when needed. Nutritional risk assessments were in place where people had difficulty swallowing or where they needed support to eat and drink. We saw people receiving appropriate support with their nutrition.

The kitchen staff provided three nutritional meals a day plus snacks and drinks between meals for anyone that requested or would benefit from them, including at supper time. Menus were on display for people to choose from and people told us they were satisfied with the meals provided. They said, "The food is very good" and "We are offered meat and two veg most days, which is what I prefer."

People's health care needs were met because staff consulted them about medical conditions and liaised with healthcare professionals. Information was collated and reviewed with changes in people's conditions. Staff told us that people saw their doctor and other health care professionals on request and as needed. Records held in people's files confirmed when they had seen a professional and the reason why. They contained guidance on how to manage people's health care and recorded the outcome of consultations. Diary notes recorded when people were assisted with the health care that was suggested for them.

For those people that used the service who were living with dementia, the signage and general environment within the dementia unit was conducive to meeting their needs. The unit was fitted with plain carpets, furniture fabrics and wallpapers and people had access to wall mounted sensory activities that provided interest and focus. People also navigated their environment easily as doors and walls were painted in contrasting colours and there were pictorial signs on bathrooms and name plates on bedroom doors.

There was a well-designed layout to the service that was invaluable when offering people the opportunity to walk unaided around the unit. This also incorporated easy access to the garden and enclosed grounds that were ramped and fitted with handrails. External doors were safely held back and people were seen walking unassisted around the unit and in the garden at will.

The whole of the premises were fitted with an emergency call bell system that was now obsolete, but a new control panel had recently been installed to upgrade the system. This was working appropriately and so people were able to request support when they needed it.

Good

# Is the service caring?

## Our findings

People we spoke with told us they were cared for by kind staff. They said, "Staff here are very kind", "There is a routine here, but you don't notice it as staff are pleasant, cheerful and helpful" and "Staff can be very relaxed about things, for example, if I want to I can stay in bed longer than usual. The staff don't mind at all."

Staff were pleasant but professional and efficient when they approached people. Staff knew people's needs well and were kind when they offered support. The management team led by example and were polite, attentive and informative in their approach to people that used the service and their relatives.

The staff considered and monitored people's general health and well-being as they knew what events or situations upset people's mental and physical health. For example, in the dementia unit staff knew about people's routines, their preferences for food and drink and also understood when people were expressing anxiety.

People in the main house were supported to engage in old and new pastimes, which meant they were able to 'keep a hold on' some aspects of the lifestyle they used to lead or were given the opportunity to learn new skills. Activity and occupation helped people to feel their lives were worthwhile and purposeful, which aided their overall wellbeing. We saw one person spending impromptu time talking with the activities coordinator because they were low in spirits. It was apparent form our observations that they appreciated the extra time afforded to them. We heard them say to the coordinator, "Thank you for talking to me all this time."

Staff, from carers to cleaners, were patient and caring. One care staff member talked about how it felt to see and support people living with dementia. They demonstrated empathy when describing how they supported some people with personal care who may not always understand the importance of or need for this. Staff talked about people refusing care sometimes and explained how they disengaged or withdrew their support so that another staff member could try to help the person needing assistance.

While everyone living at Mansion House Care Home had relatives or friends to represent them, we were told that information about advocacy services was available to people if required. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.

People we spoke with told us their privacy, dignity and independence were respected. They said they were free to act and think how they wished and that no one (staff) ever imposed anything upon them. Staff only provided personal care in people's bedrooms or bathrooms, knocked on bedroom doors before entering and ensured bathroom doors were closed quickly if they had to enter and exit, so that people were never seen in an undignified state. Staff told us their focus was always on the people that used the service. They said no staff ever imposed care upon people but assisting people to maintain good personal hygiene was important.

Good

# Is the service responsive?

## Our findings

People we spoke with felt their needs were being appropriately met. One person said, "I have accepted being here, my family are made welcome when they visit and I can join in with whatever is on offer in the entertainment line. I really like watching the squirrels in the garden more than anything though." Another person said, "I am quite well looked after, as I have no responsibilities." People talked about going out with family members and staff assisting them with arrangements. One person said they liked going out on day trips and would go as often as possible. All of the arrangements for people to engage in activities or outings were recorded within their care plans.

We were unable to communicate verbally with people living with dementia in the dementia unit and so we carried out a Short Observational Framework for Inspection (SOFI), which is a targeted observation session of the interactions between people and staff. It assesses if people's needs are being met and if they are being effectively and positively interacted with.

We found that staff time was mainly taken up carrying out tasks to assist people with their personal comfort, eating and drinking. However, some staff demonstrated they considered people's emotional well-being on occasion too, for example, staff had a rapport with people that was friendly and involved some banter and joviality. One particular staff member in the dementia unit spoke more often with people and asked what they needed support with, getting down to their eye level and using appropriate and reassuring touch people's hands or arm to gain their attention or provide comfort.

Care files for people that used the service reflected the needs that people presented. Care plans were person-centred and contained information for staff on how to meet people's needs under individually identified areas. They contained personal risk assessment forms to show how risk to people was reduced, for example, with positional pressure relief, falls, moving and handling, nutrition and bathing, as well as engaging in pastimes. We saw that care plans and risk assessments were reviewed monthly and as people's needs changed.

Activities were held in-house or in the community and were organised and facilitated by an activities coordinator. The activities coordinator showed us evidence of the events and activities they had assisted people with. These included group sessions and individual outings or events for people, as appropriate to their capacity to engage. Three people had been taken to the Wensleydale cheese factory in the Yorkshire Dales for a day trip, where they bought cheeses and one wrote and posted a postcard to an ex-carer. The ex-carer followed up the receipt of the postcard by visiting the person at Mansion House Care Home.

One person in the dementia unit and living with dementia was visited by a 20 strong group of motor bikers, as their relative had been a bike racer and their interest also lay with motorbikes. A summer fair was held each year to raise money for charity. All activities were recorded, analysed and reviewed as to their popularity and success for groups of people and individuals.

The activities coordinator ensured she maintained enthusiasm and offered different events to people by

obtaining ideas from attending an annual activities conference. She was also booked to attend a spiritual training day at the local Field Head Hospital. New ideas were being looked at for those people living with dementia, for example, engaging with a jig-saw company to design and produce appropriate jig-saws that met people's needs.

Staff used equipment to assist people to move around the premises and this was used effectively. People were assessed for its use and there were risk assessments in place to ensure no one used it incorrectly. The staff understood that people had their own hoist slings to avoid cross infection and these were kept separately wherever possible to help with this.

Bed rail safety equipment was in place on people's beds and these had also been risk assessed for safe use. Where it was considered appropriate people were asked if they would like the use of adaptive cutlery and crockery aids so that they could maintain their independence. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, after being risk assessed and if people chose to use it.

People's relationships were respected and staff supported people to keep in touch with family and friends and assisted them to remember family birthdays and anniversaries. Staff encouraged people to receive visitors and spoke with people about their family members, where appropriate.

The registered provider had a complaint policy and procedure in place for anyone to follow and records showed that complaints and concerns were handled within timescales. Staff were aware of the complaint procedure and knew how to report and record complaints. We saw that the service had not received any complaints since 2016, when three had been addressed. Complainants had been given written details of explanations and solutions following investigation. People we spoke with told us they knew how to complain.

Compliments were also recorded in the form of letters and cards and these were numerous: 10 in 2016 and five in the first half of 2017. All of this showed that the service was responsive to people's needs.

Good

# Is the service well-led?

## Our findings

People we spoke with said the service had a pleasant, family orientated atmosphere. Visitors said they were happy with the relaxed approach and that the service was suitable for their relative's needs. Staff we spoke with said the culture of the service was, "Nice, friendly, open, confidential and supportive."

At the last inspection in November 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had not always maintained up-to-date and accurate records in respect of monitoring charts. The quality assurance system was not as effective as it could have been because audits had not identified that care plans contained old and irrelevant information and some monitoring charts had gaps. Risks were not as well managed as they should have been because the call bell system was not working properly.

At this inspection we found that records were much better maintained and care files contained current and relevant information. Staff were regularly keeping records up-to-date, such as monitoring charts, care plans and risk assessments. Other records to do with the running of the service, for example, accidents / incidents, rosters, training and quality monitoring were being completed.

Documents relating to the service's system of monitoring and quality assuring the delivery of the service were more effective. We saw that there were quality audits completed on a regular basis, carried out by the registered manager, for example, on medicines, Deprivation of Liberty orders, people's care plans, incidents and equipment. Records were stored securely.

Satisfaction surveys were issued to people that used the service, relatives and health care professionals. One person we spoke with told us they had completed surveys in the past and we saw some returned surveys from the previously issued one in 2016. Comments were few but positive.

Information from the surveys was collated and used to produce action plans where any areas were found to have shortfalls so that improvements could be made. However, the service had not presented a review of the feedback to contributors to the quality assurance system. This meant it was not clear what improvements had been made and people and relatives were not always kept up-to-date with any changes that had been implemented for improvement.

The emergency call bell system had been checked, maintained and a new panel fitted to what was an obsolete system. This meant that the call bells were now in better working order and so risks that people's needs were not met in a timely way had been reduced. People spoke about the system working but understood that staff could not always answer call bells immediately. One person said, "I've been here long enough now to recognise when staff are really busy and I know how long it might take them to do things, so I am quite used to it. I know when to ask for help."

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been registered manager for four months, but had managed the

service since summer 2016.

The registered manager and provider were aware of the need to maintain a 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications were sent to the Care Quality Commission (CQC) and so the service fulfilled its responsibility to ensure any required notifications were submitted under the Care Quality Commission (Registration) Regulations 2009.

The management style of the registered manager and deputy manager was inclusive and approachable. Staff told us they could express concerns or ideas and were appropriately supported by the management team.

The service was affiliated to the Yorkshire & Humber Academic Health Science Network, whose aim is to create significant improvements in the health of the population by reducing service variability and improving patient experience in the health and social care system. The AHSN helped the service monitor and reduce the number of falls.

Staff meetings were held, where issues such as changes to rosters, working practices and organisational information was discussed and exchanged. Memos were also sent out to staff to keep them informed about changes and new information. People that used the service were invited to 'resident' meetings, but the registered manager said these were not so well attended. People tended to use daily communications with staff and with speak with the activities coordinator if they had something to convey or wanted to know some information.