

## Mancroft Healthcare Limited

# Mancroft

### Inspection report

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West Midlands  
WV6 8RS

Tel: 01902742428

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10 May 2016

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

Our inspection was unannounced and took place on 10 May 2016.

At our last inspection of 6 May 2014 the provider was meeting all of the regulations that we assessed.

The provider is registered to accommodate and deliver personal care to a maximum of five people who had a learning disability or an associated need. On the day of our inspection five people lived there.

The manager was registered with us and was present during our inspection as was the provider. 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.

We saw that there were systems in place to keep people safe and to protect them from the risk of abuse. People had not experienced anything that hurt them or that they were afraid of.

Staffing was provided in sufficient numbers to meet people's needs and preferred routines.

Medicines were managed safely to ensure that people were supported to take them as they had been prescribed.

The provider had systems in place to recruit new staff. Staff received an induction which gave them the initial knowledge and support they required to meet people's needs. Staff numbers and experience ensured that people would be safe and their needs were met in the way that they wanted them to be.

Staff had training and one to one supervision to equip them with the knowledge they needed to provide appropriate support to the people who lived there. Staff felt that they understood their job role and responsibilities.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the provider was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

People felt that the staff were nice and kind and we saw that they were. Interactions between staff and the people who lived there were positive, staff were polite and helpful to people.

People liked the food and drink that they were offered. Records confirmed that the people who lived there were supported to have a varied diet to promote good health.

People were supported to access to health care services to promote good health.

An easy read complaints system was available so that people and their relatives could state any concerns and dissatisfaction if they had the need.

The provider used feedback forms to get the views of people, their relatives and external healthcare professionals on the service provided.

Feedback from people, relatives and staff was that the service was well-led. We saw that the provider had monitoring and auditing systems in place to ensure that the service met people's individual needs and preferences.

## 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.

Systems that staff were aware of and understood were in place to minimise the risk of people being abused.

Medicine administration systems were safe which prevented people being placed at the risk of medicine error or them not having their prescribed medication.

Recruitment systems were in place to prevent the employment of unsuitable staff.

### Is the service effective?

Good ●

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and received care in line with their best interests.

People told us that they were happy regarding the meals and meal choices on offer.

Staff worked closely with multi-disciplinary teams of health and social care professionals to provide effective support and health monitoring.

### Is the service caring?

Good ●

The service was caring.

People told us that the staff were kind and caring and we saw that they were.

People's dignity and privacy were promoted and maintained.

Staff ensured that people dressed in the way that they preferred and that they were supported to express their individuality.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed regularly and their care plans were updated where there was a change to their needs.

Staff were responsive to people's preferences regarding their daily wishes and choices.

People were encouraged to engage in or participate in recreational pastimes that they enjoyed.

**Is the service well-led?**

The service was well-led.

People and staff felt that the service was well-led.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The provider had monitoring processes in place to ensure that the service was being run in the best interests of the people who lived there.

**Good** ●

# Mancroft

## **Detailed findings**

### Background to this inspection

Our inspection took place on 10 May 2016 it was unannounced and was conducted by one inspector. We started our inspection early in the morning as the service provides support to younger adults who are often out during the day.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider had sent to us. We asked local authority staff their views on the service provided. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We met and spoke with all five people who lived there. We spoke with two relatives, two staff members, the registered manager and the provider. We looked at care records for two people, medication records for two people, recruitment records for two staff, training records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at provider feedback forms that had recently been completed by the people who lived at the home, their relatives and health care professions. We spent time in communal areas observing routines and the interactions between staff and the people who lived there.

# Is the service safe?

## Our findings

A person told us, "No one has been bad". Relatives told us that they had not noticed or were aware of any issues regarding harm or abuse. Staff told us that people were protected from harm and abuse. We saw that people who lived there were at ease with the staff. We saw that they were comfortable to approach staff if they wanted anything or to ask questions. We saw people confidently talking with staff. Staff we spoke with knew how to recognise signs of abuse and how to report their concerns. One staff member said, "If I had a concern I would report it straight away. It would be sorted". The manager told us that if concerns were identified the relevant external agencies would be informed.

People we spoke with told us that they felt safe living at the home. A person said, "I feel safe". A relative said, "I have got no concerns. I feel they are safe". Another relative told us, "I know that they [person's name] are safe at all times". Staff we spoke with knew about people's risks and how to minimise them. All of the people who lived at the home were independently mobile and did not require mobility equipment or assistance for moving. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. Records showed that there had been no falls or accidents. This was confirmed by staff we spoke with. Staff we asked gave account of what they would do in the event of a person injuring themselves which gave confidence that people would receive that support and input they needed if they did have an accident.

A person said, "There are always staff to look after me". Other people we spoke with confirmed that staffing levels and skill mix was sufficient. Staff told us that staffing levels and staff experience were appropriate to meet people's needs and to keep them safe. We found that systems were in place to cover staff leave. Staff would cover each other's absence. A staff member said, "We usually cover shifts when other staff are off sick or on holiday. This works well as it ensures that people are supported by staff they are familiar with".

The registered manager told us, "All checks are done before new staff can start work". A staff member said, "All of the checks were completed before I was allowed to start work". We found that safe recruitment systems were in place. We checked two staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if prospective staff members had a criminal record or had been barred from working with adults due to abuse or other concern. This gave assurance that only suitable staff were employed to work in the home which decreased the risk of harm to the people who lived there.

A person told us, "The staff give me my tablets. I don't want to do it". Records we looked at and staff we spoke with confirmed that people could be given the opportunity to manage their own medicine if assessment processes confirmed them safe to do so. People we spoke with were aware that they could refuse their medicine if they wanted to.

We looked at what arrangements the provider had in place for the safe management of medicines. We saw that medicines were stored in an appropriate medicine cupboard. Staff we spoke with told us that they had received medicine training and felt confident and comfortable managing medicines. Records that we looked

at confirmed that staff had received medicine training and a medicine competency had also been undertaken. We looked at Medicine Administration Records (MAR) for two people. We saw that the MAR were maintained correctly. We carried out an audit of two people's medicine, we looked at records to see how much medicine should have been available against what was actually available and found that the balances were correct. This confirmed that processes were in place to ensure that people received their medicines as they had been prescribed by their doctor to promote their good health.

We found that there were protocols in place to instruct staff when 'as required' medicine should be given. This meant that the medicine would be given when it was required.

We saw that one Medicine Administration Record (MAR) that had been handwritten by staff. There was a second staff signature on the records to confirm that what had been written was correct to prevent a risk of error. This checking process gave people greater assurance that their medicines would be given correctly.



# Is the service effective?

## Our findings

People who lived at the home were happy with the service provided. A person said, "I am happy here". Another person said, "I like it here". A relative said, "I have no concern about the care". Another relative told us, "It is a good place". A comment made by a relative in a provider feedback form read, "Excellent home and excellent care". Staff we spoke with told us that the service provided was effective and met people's needs. A staff member said, "We provide very good care".

A staff member told us, "I had induction when I started it was good". Staff told us that their induction training consisted of looking at policies and procedures, being introduced to the people and working along side experienced staff. Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The provider had information about the new 'Care Certificate' and staff who needed to undertake this training had the opportunity to work towards this. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work.

A staff member told us, "I always feel very supported". Staff told us that they felt supported by managers and their peers all of the time. Another staff member told us, "We have supervision sessions". Other staff we spoke with also told us that they had one to one supervisions. Records that we looked at confirmed this. We saw where problems had been identified; these were discussed with staff to assist them in their professional development. The registered manager told us that because the staff group was small formal meetings were not held. They told us that longer staff handovers were held to ensure that staff were communicated with and had the opportunity to raise issues and views. Staff confirmed that this was adequate.

People we spoke with all told us that the staff looked after them well. A relative said, "They [the staff] know how to look after them [their family member]". A staff member told us, "I feel confident to do my job". Staff we spoke with confirmed that they had received the training they needed. Staff training records confirmed that staff had received most of the mandatory and specialist training for their role which would ensure they could safely meet people's individual needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood the principles of MCA and DoLS. They knew that people should be given and enabled to make everyday choices and should not be unlawfully restricted. Where people lacked capacity to make decisions the registered manager had acted correctly and referred the people to the local authority who had authorised their DoLS.

A person said, "I do things for myself. If staff do things for me they ask me first". Staff we spoke with understood the importance of asking people's permission before they provided support. A staff member

said, "We always ask people if they would mind us doing something for them". We heard staff asking people before they supported them. We heard staff saying, "Shall we go upstairs and do you want to go out". We observed that people verbal agreed and willingly acted to undertake tasks which demonstrated that they were happy to do so.

A relative told us, "The staff deal with their behaviour well". People could communicate some of their needs or well-being through behaviour. Care plans that we looked at highlighted what made people feel happy or unhappy and what triggered behaviours. A trigger is something that may happen to provoke behaviour. When we asked staff about people's individual behaviour 'triggers' they were aware of them. Where the triggers were known action was taken to reduce the behaviour. This showed that the staff had the information and knowledge of how to support people who may challenge the service to prevent them being at risk of being unhappy or distressed.

A person said, "We always choose what we eat". Another person told us, "The food is nice". Other people also told us that they were given food and drink options. Staff ensured that people were offered the food and drink that they preferred. We looked at people's care plans and saw that their food and drink likes, dislikes and risks had been determined. People and staff both told us that as only five people lived there it was often decided on a daily basis what each person wanted to eat. People we spoke with told us that they went food shopping and when they wanted to prepared their own breakfast, snacks and drinks. We did not observe a mealtime as all people went out to eat that day. However, we looked at food stocks and saw that they were varied and plentiful and that fresh vegetables and fruit were readily available.

At the time of our inspection there were no risks to people concerning eating. When needed records highlighted and staff confirmed that referrals to external health professionals regarding identified risks concerning eating and drinking had been made. There were instructions for staff to follow in the care plans to ensure that people were supported effectively. Over the last year one person had lost weight to prevent health risks due to being overweight. This was planned and managed in collaboration with the person's GP. This showed that action was taken to decrease potential risks to people's health regarding their food intake.

A person said, "I go to the doctor". A relative said, "The staff request the doctor quickly and they always let me know". Another relative told us, "Staff make health appointments and support them [their family member] to attend. Staff we spoke with told us that they supported people to access health and social care appointments. Records we looked at confirmed that where staff had a concern they referred people to their doctor and a wide range of external health professionals which included the dietician and speech and language therapists. Records and staff we spoke with also confirmed that each person had an annual health check. This ensured that people accessed the health attention they needed. We saw that health plan documents were in place. The aim of health plan is to ensure that people and staff know what action needs to be taken regarding health conditions and to record the outcome of health appointments and reviews.

## Is the service caring?

### Our findings

People told us that the staff were, "Lovely" and, "Very nice". A relative told us, "The staff are friendly and helpful". A staff member said, "We [the staff] are a good caring team". We observed staff interactions with the people who lived there. We saw that staff took time to listen to what people said. We saw that people responded to this by engaging in conversation with the staff and smiling.

A person told us, "I have friends here". A relative had stated in a provider feedback form, "A lovely homely feel". The provider encouraged a positive friendly atmosphere. We found that the atmosphere was warm and welcoming. The people who lived at the home knew each other well. . We saw them sitting together and chatting looking happy and smiling.

Records highlighted that staff had determined the preferred form of address for each person and we heard that this was the name they used when speaking to people. During the day we heard staff speaking to people in a respectful manner they were polite. A relative told us, "The staff are always polite and helpful to them [their family member] and us".

The provider had a confidentiality procedure in place. Staff we asked gave a good account of the procedure and knew that they should not share people's information with unauthorised people. Staff ensured that records about people were kept safe. We saw that care records were held securely.

A person told us, "I choose what I want to wear each day". Staff confirmed that they encouraged people to select what they wanted to wear each day and supported them to express their individuality. We saw that people wore appropriate clothes when they went out into the community that day. A person said, "I like to look nice and I do". This showed that staff knew that people's individual appearance was very important to them and they supported people to look their best.

A person told us that they liked to spend some time alone in their bedroom at times listening to their music and we observed that they were supported to do this. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice and gave examples of; ensuring toilet and bathroom doors were closed when they provided personal care. A person said, "I like doing things for myself". A staff member told us, "We always encourage people to do as much as they can for themselves cleaning their bedrooms, laundry and washing up after meals". This showed that staff promoted people's privacy, dignity and independence.

We saw that staff were aware of people's individual communication needs and how to address them. We observed that staff faced people when speaking with them and spoke with them calmly. We heard staff asking people questions to ensure that they had understood what had been said. We saw that the person understood as they responded appropriately.

People told us that maintaining contact with their family was important to them. Records we looked at and staff we spoke with highlighted that there was no visiting restrictions and families could visit when they

wanted to. This was confirmed by the relatives we spoke with. A relative said, "We can visit when we want to and are made to feel welcome".

The registered manager told us and we saw records to confirm that where people were unable to make decisions a social worker or an independent person (an advocate) would be secured to assist them. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. We found that people had used advocate services previously when there had been a need.

## Is the service responsive?

### Our findings

The registered manager told us about the process they had followed before a new person was offered a place at the home. Records that we looked at confirmed that prior to people living there an assessment of need was carried out. This involved the person and/or their relative and/or social services staff to identify their individual needs, personal preferences and any risks. Staff told us that following the assessment of need each person would be offered the opportunity to visit the home and spend time there for a meal and overnight stay. This allowed the person to decide if the home would be suitable for them and for the staff to confirm that the person's needs could be met.

A person said, "I am happy. I am looked after as I like". A relative told us that they had been involved in the planning of their family member's care and that they were involved in meetings and reviews. We saw that care plans were reviewed and updated regularly. This was to make sure that their family member was supported and cared for in the way they preferred. The relative said, "I am always kept up-to-date with everything".

A person said, "The staff know what I like and don't like". A relative told us, "I think all of the staff know them [their family member] well, their likes and dislikes". Care records that we looked at contained some history about each person. Documents highlighted important things about each person including their family members, where they lived previously, what they liked and did not like. We read this information and asked staff about individual people. Staff had a good knowledge of what was written in the documents. A staff member said, "All staff know the people who live here well and people are happy".

People could be supported to attend religious services if they wanted to. Staff told us during recent years how they had supported people to attend their chosen place of worship. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow it.

People told us that they went out regularly into the community and records confirmed this. A person said, "I go out to the shops and other places I want to go". A relative told us, "They [their family member] is always going out and doing the things that they like". Staff said, "We try and take people where they want to go on an individual basis". We saw all people going out with staff to the shops and to attend to personal affairs. When they returned they said they had a nice time. They looked happy and were smiling. One person was listening to their music. They said, "I like my music. [staff member's name] helped me to buy my new record player for me to play my records". This demonstrated that staff supported people to enjoy their chosen individual leisure time and activity pursuits.

We saw provider surveys that had been completed by people, their relatives and visiting professionals. The feedback was positive and confirmed that people and their relatives were satisfied with the service provided. The content of the surveys highlighted that staff asked people about their care and support and they were happy with for example, the meals, the staff and activities.

A person told us, "If I was I would tell the staff". A relative told us that their family member was, "Safe and

well looked after and that they had no need to complain". Another relative said, "I have never made a complaint". The complaints procedure had been produced in words and pictures to make it easier for people to understand. A copy was available on each person's file and had been signed by them. No complaints had been received over recent years.

## Is the service well-led?

### Our findings

We found that a positive culture was promoted that was transparent and inclusive. One person said, "I feel happy". A relative said, "They [The staff] keep us very much informed and ask my view".

A person told us, "I think it is good here". A relative we spoke with were all complimentary about the service provided. Another relative said, "They [their family member] are safe and well there". Staff we spoke with were positive about the service and told us that in their view it was well-led.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a senior staff member. The registered manager and provider were visible within the home and we saw that people were familiar with them and approached them with confidence. People we asked knew who the registered manager and provider were as did the relatives we spoke with. A relative we spoke with told us that they had confidence in both the registered manager and the provider. Staff we spoke were aware of the on call process and who they needed to contact in an emergency evenings and weekends. This ensured that staff could get advice if they needed to so that people would not be left in a vulnerable situation or at risk.

The provider met their legal requirements and notified us about events that they were required to by law. They had informed us about Deprivation of Liberty Safeguarding (DoLS) approvals that had been made and any issues of concern.

Staff we spoke with and records that we looked at confirmed that the provider ensured that meetings were held for people on a regular basis. Records indicated that people could ask for changes to be made, and to request new things to meet their wishes and aspirations. People had asked to go in the garden and the provider had purchased raised flower beds to enable this. A person told us, "I was in the garden the other day. I like that".

The provider had a range of monitoring systems which ensured that people received a safe, quality service. Internal audits were undertaken and we saw records to confirm that those relating medicine and the safekeeping of people's money were carried out frequently. Staff told us and records confirmed that the provider undertook 'spot checks' of staff work which included night times. We saw from staff meeting minutes that where shortfalls were identified this was discussed with staff to ensure that action was taken to address any issues.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "If I saw anything I was concerned about I would report it immediately to the person in charge or to the manager. We have policies and procedures regarding whistle blowing". We saw that a whistle blowing procedure was in place for staff to follow. This demonstrated that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.