

Holmleigh Care Homes Limited

Mantley Chase Residential Care

Inspection report

Ross Road
Newent
Gloucestershire
GL18 1QY

Tel: 01531822112
Website: www.holmleigh-care.co.uk

Date of inspection visit:
20 March 2019
21 March 2019

Date of publication:
24 April 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Mantley Chase is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement.

Mantley Chase was a care home for nine people with an annexe for three people. The service supports adults living with a learning disability or with complex behavioural needs.

To ensure this felt like people's own home there were no deliberate signs to indicate Mantley Chase was a care home and staff wore their own clothes when working with people in the home and community. The home is in a rural area, away from any major roads. Two ladies and six gentlemen were living at Mantley Chase at the time of our inspection.

People's experience of using this service:

The service did not always reflect the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service did not always reflect the principles and values of Registering the Right Support in the following ways.

- People could not be assured that their home environment was safe, well maintained and appropriately cleaned. People told us improvements were not being made to their environment, such as the additional kitchen which impacted on their wellbeing.

The outcomes for people using the service reflect the principles and values of Registering the Right Support in the following ways:

- Staff understood how to communicate with people effectively to ascertain and respect their wishes.
- Health and social care professionals guided staff to support people with their behaviour in accordance with national best practice guidelines.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People were protected from abuse and discrimination.
- People were supported to access their local community and transport was provided when needed.
- The provider did not operate effective systems and processes to assess, monitor and improve the quality and safety of the service provided. They had identified maintenance concerns prior to our inspection but had failed to make the required improvements to people's home environment.
- Risks to people had been assessed and plans were in place and followed by staff to keep people safe.

- Safe recruitment practices were followed to protect people from unsuitable staff.
- The registered manager and deputy manager promoted consistency in staff, including block booked agency staff.
- Systems were in place to ensure people received appropriate support to take their medicines safely.
- Staff received the training they needed to support people's needs. However, staff also told us they did not feel morale was very high at this time.
- Staff attitudes and behaviours were responsive, respectful and caring.
- There were processes in place to manage adverse incidents and complaints. There was evidence that learning from incidents was shared across the service.

Rating at last inspection: We last inspected Mantley Chase on 17 February 2016 and the service was rated Good (this report was published on 16 March 2016). At this inspection the service did not meet the characteristics of 'Good' in relation to the environment/premises and the quality assurance systems, therefore we have rated the service as 'Requires Improvement' overall.

Why we inspected:

We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous 'Good' rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Action we told provider to take:

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

We asked and received from the provider and registered manager a written plan of the action they told us, during the inspection, they will be taking to address the environmental concerns at Mantley Chase. We have asked them to provide us with an update of progress made against this action plan every two weeks. We will meet with the provider following this report being published to discuss how they will make changes to ensure the legal requirements are met and the rating of the service is increased to at least Good.

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme.

For more details, please see the full report which is at the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Mantley Chase Residential Care

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Our inspection was completed by two inspectors.

Service and service type:

Mantley Chase is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We informed the provider 24 hours before our visit to enable them to ensure people living at the home were comfortable with our visit. Additionally, people are often out in the community and there may be no one in the home for us to engage with.

What we did:

Before the site visit:

We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious

injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the site visit:

We spoke with three people about living at Mantley Chase. We observed staff interacting with people throughout the day, including preparing meals and supporting them with daily activities. We reviewed a range of records. This included four people's care records and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service. On 21 March 2019 we visited the provider's office to review recruitment procedures and records. We spoke with the registered manager, the deputy manager, the home's administrator and two support workers.

Following the site visit: We asked the registered manager to provide us with a written plan of the action they told us, during the inspection, they will be taking to address the environmental concerns at Mantley Chase.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Preventing and controlling infection:

- People's care environment was not safe. For example; The carpet on the communal stairwell was ripped and torn and could present a trip hazard to people.
- Health and safety audits (such as fire equipment checks and checks of the environment) were carried out for the service but these proved ineffective at ensuring a safe environment. These audits had identified that equipment was broken and items such as pieces of damaged kitchen furniture and broken toilet seats needed replacing. The registered manager had passed a list of maintenance issues to the provider. However, action had not been taken to make the required improvements since the list was passed to the provider in September 2018. This mean people remained at risk of harm. Risk assessments were not in place to ensure people were kept safe until after the maintenance work was completed.
- The home was not clean and people were at risk of the spread of infection. Carpets in communal areas were visibly dirty and kitchen work surfaces were peeling. These exposed surfaces could allow bacterial growth. Communal areas such as hallways and lounge areas were badly stained and dirty. There were cleaning schedules in place, but these proved ineffective at ensuring a clean environment. A member of staff told us "The home is neglected and rundown. We try to keep it clean as we can."
- The garden area was not well maintained. For example, one of the gates had nails that were visibly protruding and could pose a risk to the safety of people.

The above demonstrated the premises were not kept clean and properly maintained. This was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

- People had evacuation plans in place and staff knew how to support people to safely leave the building if an emergency occurred.
- People's risks had been assessed and records were updated when people's risks changed. Staff acted to reduce risks in relation to people accessing the community and supporting people to have safe relationships.
- Some people required support to manage their behaviour safely. Staff understood how to support them in the least restrictive manner and in accordance with their positive behaviour support plans.

Systems and processes to safeguard people from the risk of abuse:

- Staff were trained in safeguarding adults and had access to an up-to-date safeguarding policy.
- All staff we spoke with had a good understanding of safeguarding procedures. They knew how to identify people at risk of, or suffering, significant harm and could give examples of how to protect people from

harassment and discrimination.

- The registered manager worked appropriately with the provider and relevant agencies to safeguard people.

Using medicines safely:

- People received their medicines as prescribed and when needed. Some people occasionally needed medicines (as required) when in pain or when exhibiting behaviours that could challenge staff and staff knew how to recognise when they needed this medicine and provided it promptly.
- Staff were trained and assessed as competent to administer medicines.
- Any medicines errors had been identified and responded to effectively and practices had been improved to prevent further errors occurring. For example, secure storage systems had been set up in each person's bedroom to ensure the right medicines were administered to the right person.
- Staff followed good practice when storing, administering, recording and disposing of people's medicines. Audits were in place for the registered manager to check good practice was followed and we saw prompt action was taken if for example, MAR charts had not been completed when medicines had been administered.

Staffing and recruitment:

- There were enough staff to meet the needs of people using the service. The registered manager adjusted the staffing levels according to people's needs. For example, when people left the service staffing was reduced from seven staff to five staff to reflect the change in people's support needs. People knew staff rotas well, one person told us "There are five staff who help us each day."
- People were not always supported by familiar staff as there had been ongoing staff changes. One person told us "Lots of staff have gone and we always have new staff coming in." Discussions with staff indicated that they were aware of the continual changes to the staff team and told us this had affected team morale. The registered manager told us they were aware of staff recruitment challenges and this was being addressed through a plan to recruit additional and more experienced staff to the service.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, people worked a probationary period whilst they were new to the service, suitable references were obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and feedback confirmed this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People received care and support which was person-centred and holistic.

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

- The support people needed and their preferences, likes and choices were recorded and the information from the assessment formed the details of people's care plans and risk assessments. This ensured that staff had the skills and capacity to safely and effectively meet people's needs.
- A range of universally recognised assessment and screening tools were used and documented in people's records and national guidelines were followed for people's needs. For example, there was clear guidance for staff in administering emergency epilepsy medication for people having seizures in accordance with current best practice.
- Staff had quick and easy access to best practice guidance via the internet. Staff also had access to hard copies of best practice guidance to mitigate against IT issues.
- Managers checked to make sure staff followed guidance. For example, staff were supported through supervision and appraisal to discuss people's needs and the registered manager and other leaders could assess any gaps in staff knowledge and provide additional support as required.

Staff support: induction, training, skills and experience:

- People were supported by staff with the appropriate skills and experience to meet their needs. People spoke positively about the staff, comments included: "Staff are caring, some staff I like better than others."
- There was a culture of continuous learning to make sure staff were competent to support people effectively. Staff training and support needs were identified and monitored through probationary meetings, ongoing supervision and annual appraisal.
- Training records demonstrated all staff received training to keep people safe, such as fire, first aid and safeguarding. Staff also received training in relation to people's health and emotional support needs, such as autism training.
- Staff had access to regular team meetings to evaluate the service and discuss any potential concerns regarding people they supported.
- There was clear guidance to support staff in the management of behaviours that challenge. The registered manager was also a trainer for the provider and trained staff in line with the providers training policies and procedures.

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

- People had helped choose the weekly menu and were involved in the meal preparation. Staff knew what people liked to eat and drink.
- One person had their own weekly menu that included food items they particularly liked. This person told us "I have my own menu of food I like."
- Where appropriate, people were given advice on nutrition and hydration to meet their needs and improve their health.
- Dietary requirements and preferences were included in care plans. People's allergies were clearly identified and a list of foods that were safe for them to eat was available in the kitchen area.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff had established good working relationships with a variety of health and social care professionals. Where advice had been sought from healthcare professionals this had been clearly recorded on people's individual care plans.
- The manager was working with local authorities to ensure the home remained the right fit for people's needs. For example, one person who had lived at the home had been recently rehoused with a provider who was more able to meet their needs.

Adapting service, design, decoration to meet people's needs:

- People's bedrooms reflected their needs and interests. For example, one person enjoyed going to boot sales and collecting old VHS video tapes and was supported to manage the storage of their belongings so they did not present a hazard.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to maintain a healthy weight through diet and exercise including swimming. People were encouraged to make healthy food choices and these included in weekly menu planning.
- Each person had a health action plan where details of appointments attended, advice given by health care professionals and people's individual health needs and diagnoses were recorded.
- People's care and treatment was reviewed with health care professionals at agreed intervals, to ensure their care and support remained appropriate and effective. People had regular input from the local GP, chiropodist and opticians.
- Staff kept records of health-related incidents, such as seizures. This was used by health professionals to evaluate the effectiveness of people's treatment and support plans. For example, people with epilepsy had their medicines regularly reviewed to ensure they remained effective.
- People were supported to attend health related appointments by staff and relatives and health professionals were kept informed of any incidents and health related changes.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

- We observed, where possible, staff obtained consent from people before providing care and support. Staff had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions. There was evidence of people's consent to their care within their care files.
- Staff understood how and when to assess whether a person had the capacity to make decisions about

their care. They followed the provider's policy and procedures when a person could not give consent.

- Best interest meetings had been held for people who had been assessed as lacking the mental capacity to consent to their daily living care arrangements. Where decisions were made by staff on behalf of people who could not make those decisions there were clear records. For example, decisions about people's food and activities they were supported to attend.
- The registered manager had explored and implemented support that was the least restrictive option. For example, some people had bedroom furniture and others did not. Where bedroom furniture had been removed due to risk, people were still able to have their own space to sleep and calm down without risk of using furniture to harm themselves or others.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were supported equally, with kindness and encouraged to make decisions about their care.

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

- The service respected people's diversity. Staff were open to people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
- One person told us they were "generally very happy" at the service and had a good relationship with their key-worker. This person told us "Me and my key-worker are just like big kids."
- There was generally a caring atmosphere in the home between staff and people using the service. Staff knew people well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people, and we observed them chatting.
- People were supported to go on outings that they particularly enjoyed. Activities were planned around the needs of people and everyone within the home had access to a range of activities.
- A member of staff told us "I work here because I want to make a difference to people."

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

- People's communication needs were known, recorded and understood by staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making; including how staff should observe their facial expressions to gauge their preferences.
- The registered manager was aware of the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information in communal areas was presented in a way that people could understand. For example, the weekly menu was created using pictures to represent what was on offer on a particular day.
- People we spoke with confirmed they were able to communicate with their care staff and engage with managers directly if needed.
- We reviewed the records of one person who had 1 to 1 meetings with staff every month. Some questions the person had been asked included "How are you?", "What are your plans for the day?" and "What is (name of person) aiming to achieve this week?"
- Records we reviewed documented the involvement of advocates who had assisted people in making big decisions such as where to live and who could help them with their finances.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity and respect. People's bedrooms offered the chance for them to have privacy if they wanted it. Staff supported people to ensure their needs were carried out in private by ensuring doors were closed when support was required.
- People's independence was promoted and planned for; people were encouraged by staff to keep their bedrooms clean and tidy and plan their own meals for the week ahead.
- People's information was managed confidentially and care records were stored securely in line with the Data Protection Act.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were at the centre of their care, they were part of their wider community and their choices and wishes were respected.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- Staff took account of how people wished to spend their days. For example, one person enjoyed collecting the post from the front gate of the grounds and could check for post several times a day.
- The service was located near to Newent town centre, within walking distance of a range of local amenities and bus routes to larger towns in the county which provided people with access to their community. Transport was provided when needed and on the day of our inspection several people and staff had been out for a drive to nearby towns and villages.
- People's records included their personal history, people who were important to them and their needs and preferences. Support plans detailed how staff should support each person, through different parts of their day and for different activities, to enable the person to participate as fully as possible and be in control. For example, people's interests and hobbies were recorded, alongside their personal wishes and goals.
- People's needs and any changes were communicated effectively amongst the staff through staff meetings, supervisions and daily handovers. This ensured important information was acted upon where necessary and recorded to monitor people's progress.
- The service responded to people's changing needs. For example, one person had a separate relaxation room next to their bedroom with minimal furniture to ensure it was a quiet space with little to distract the person when they required a space to relax.
- Records showed that people's needs were reviewed regularly with commissioning officers, including for those people whose care was commissioned by out of county local authorities.

Improving care quality in response to complaints or concerns:

- There was a complaints policy in place which advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome.
- A version of this was in an 'easy read' format to help people understand how to make a complaint and complaint information was visible in the home where it could be easily available to those visiting.
- People knew how to raise any concerns about their support. One person told us "I feel comfortable telling staff if I'm not happy."
- The registered manager discussed how they would record and respond to complaints in a timely manner,

learned lessons from the results, and how these were shared with all staff.

- In the 12 months prior to our inspection the registered manager had not received any complaints regarding the service.

End of life care and support:

- The provider had an up to date end of life policy available however staff were not supporting anyone with active end of life care at the time of our visit.
- We found that people's wishes on their end of life care had been discussed and documented where relevant and plans put in place to ensure that their preferences would be met.
- The home had good links with relevant health professionals to ensure support would be available to manage people's symptoms and respect their advanced wishes.

Is the service well-led?

Our findings

Well Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires Improvement: There were significant shortfalls in service leadership. The provider and the culture they created did not assure the delivery of safe care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff morale was low. A member of staff told us "there is a lack of management action. Lack of respect for deputy and manager. The registered manager is not here enough to support the deputy manager. Another member of staff said "Managers are not tough enough. Managers do not act on information that is shared." Additional staff comments included "The management do not cover the basics. There is a lack of respect between managers and staff and vice versa. Poor practise is raised and not dealt with". Staff told us this made them at times feel unsupported in their role.
- The provider had failed to ensure there was sufficient oversight and effective governance at the service. They did not operate effective systems and processes to assess, monitor and improve the quality and safety of the service provided.
- Systems had not been effective in responding to maintenance issues which had been raised by the registered manager and a representative of the provider in 2018. We found little progress had been made to address these concerns and manage the risk these maintenance issues posed to people.
- Systems had not been effective in ensuring the home was clean and infection control measures adhered to. The registered manager did not operate and effective system to ensure that cleaning schedules were followed and to ensure the service was clean and free from infection.

The above demonstrated systems in place to monitor the quality and safety of the service were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- Each person had a key-worker who was able to support them through monthly meetings and promote ways in which they could be involved in the running of the home.
- Regular staff meetings were held. These were used to review previous minutes, update staff on work practice and upcoming plans.

Continuous learning and improving care:

- Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. There was detailed information around how each incident was followed up and what steps had been taken to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not kept clean and properly maintained.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure there was sufficient oversight and governance at the service. Systems had not been effective in identifying and responding to maintenance issues. Systems had not been effective in ensuring the home was clean and infection control measures adhered to.</p>

The enforcement action we took:

We issued a warning notice to the provider informing them they must be compliant with the regulation by 13 May 2019.