

Mancroft Healthcare Limited

Mancroft

Inspection report

2 Mancroft Road
Wolverhampton
West Midlands
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Tel: 01902742428

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07 November 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Mancroft 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. Mancroft is a care home without nursing, which can accommodate up to five people. There is also a supported living premises which accommodates up to two people. At the time of our inspection five people were using the care home service and two were using the supported living. These included people with learning disabilities or those on the autistic spectrum, people with mental health difficulties, or younger adults.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection visit took place on 07 November 2018 and was unannounced.

There was a registered manager in post who was there at the time of the inspection. 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.

People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to/follow. Safe recruitment of staff was carried out and adequate numbers of staff were available to people. People received medicines as required.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

The care people received was provided with kindness, compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions. Staff supported people to have choices and independence, wherever possible. People's diverse needs were recognised and staff enabled people to access activities should they so wish.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised and care plans contained information about the person, their needs, choices and cultural needs. Care staff knew people's needs and respected them. People were able to

speak openly with staff and understood how to make a complaint.

The service continued to be well-led, including making detailed checks and monitoring of the quality of the service. People and staff were positive about the leadership skills of the registered manager. We were provided with information we expected to receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Mancroft

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection was completed by one inspector on 07 November 2018.

We asked the provider to complete a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service, such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with three people who used the service, two members of care staff, a senior manager, the registered manager and the provider. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us.

We looked at two people's care records, two medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

Is the service safe?

Our findings

At the last inspection in May 2016 the key question of Safe was rated Good. At this inspection the rating was unchanged.

One person told us, "I am safe". A second person said, "They [staff] look after me well, keep me safe". A staff member told us, "People don't have to wait for staff to come when they need them, we are here right away to keep them safe". Staff told us they understood safeguarding procedures and one staff member told us, "I would follow up any safeguarding concerns with the manager, I know what to look out for" [described types of abuse]. We saw that a process was in place to address safeguarding concerns, but as none had taken place for some time there were no recent records. Staff spoke to us about how they would react in the event of an emergency. One staff member said, "I would call 999 then would share information with my manager afterwards, I would get the person safely seen to first".

We found that any risks were managed well and that very detailed risk assessments were in place. Risk assessments included, but were not limited to, personal care, health, diet and fluids, medicines and mobility. We saw that risk assessments extended to people going out into the community and following leisure interests. Risk assessments were updated as required.

Accidents and incidents had been dealt with effectively and had been reviewed as to any further actions required. For example, where a person had slipped accidentally, this had been discussed with staff and the person's continuous wellbeing observed. We saw that there was a fire risk emergency plan in place and each person had an individual plan in place, which gave staff directions on how best to evacuate the person in the event of an emergency.

People felt that there were enough staff. One person said, "There are enough staff, I know them all". A staff member told us, "We have time to spend with people". We saw staff having time for people and some positive interactions. The staff rota reflected the amount of staff available to people during the inspection.

We found that recruitment checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

People were happy with how staff supported them with their medicines. One person told us, "The staff give me my tablets and on time". A staff member told us, "I give medicines calmly and always check the Medicine Administration Record [MAR] sheet carefully". We found that people received their medicines as required and that records tallied with medications available. Medicines were stored and disposed of safely.

One person told us, "It is clean and tidy here". We found the environment was clear from hazards and people were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was safe were completed. We saw only approved cleaning products were used. The kitchen was kept in a hygienic condition and there were no odours within the home.

Is the service effective?

Our findings

At the last inspection in May 2016 the key question of Effective was rated Good. At this inspection the rating was unchanged.

Pre-placement assessment information was in place, and this provided information on the person's needs such as personal care, medical care and wellbeing. It gave a past medical history and information on what care the person required.

Staff members told us that they received training that helped maintain their skills and that the provider was supportive of them developing their knowledge further. One staff member told us, "I have done lots of mandatory training, it is very regular and I can ask for specific training if I need it. I recently did health and social care and safeguarding. We saw that the training matrix evidenced training staff had completed and were due to complete.

Staff were able to speak with us about people's needs and their knowledge reflected the information held within care plans. One staff member told us, "It is our responsibility to know what people need and to do what we can for them".

We found that staff had completed inductions and where they were new to the care sector they completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Staff told us that they felt well prepared prior to completing their first shift. A staff member told us, "I have regular supervision where we discuss any concerns I might have or how I am feeling, it is an open door policy and I am very supported by the manager and provider. We saw supervisions were recorded and included discussions around care provided to people and the staff members wellbeing.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and found they were. Applications for DoLS had been submitted to the appropriate authorities as required. Staff were able to tell us who the DoLS applications were for and why, with one staff member saying, "DoLS keeps people safe when they might not realise how risky their actions could be. They can't live in the outside world without support, so we have to do what we can to keep them safe". Staff confirmed they had received the appropriate level of training and demonstrated they supported people in line with the principles of the MCA. One person told us, "They [staff] always ask my permission to help me". Staff told us that they gained people's consent prior to any action

being implemented and we saw this being carried out.

People told us that they were happy with the meals provided, with one person saying, "The food is alright, I have sausage and peas and potatoes. I had toast this morning. If I wanted a cup of tea the staff would make me one". A staff member told us, "Whatever people want is fine and if they want to change their mind about what to eat, then it's never a problem". We saw that a light lunch of sandwiches was available with choice given as to the filling and accompaniments. People told us they would be having a main meal later in the day. People shared with us that they could have drinks and snacks and could get them themselves from the kitchen.

People were supported to access the health care they needed. A person said, "The staff would get the doctor if I needed one". A staff member told us, "I know everybody well enough to know when they are feeling off colour and would get them medical assistance". Care files noted ongoing support that some people required for certain conditions and we saw how staff used these instructions to support people. People attended medical appointments as required, with an example being attending a hearing loss clinic.

We found that decoration around the home was clean and tidy and people were able to move around the home freely. Photos were displayed in the lounge and people kept their own belongings in their bedrooms.

Is the service caring?

Our findings

At the last inspection in May 2016 the key question of Caring was rated Good. At this inspection the rating was unchanged.

People told us they thought the staff were friendly and caring towards them. One person said, "The staff are helpful and kind. They chat with me". A second person told us, "The staff are friendly and the staff would come if I needed them". A staff member told us, "All the staff here are kind and caring I have got no issues. We all try and spend time with people". We observed friendly interactions between people and staff. For example, we saw a person ask if a staff member would sit with them at lunchtime and everyone around the table became involved in a chat.

People shared with us that they were able to make their own choices and decisions and one person told us, "I choose my own clothes, I chose my shirt and cardigan today. I also decide what I want to do and if I want to watch the television". One person proudly showed us photographs of themselves they had chosen to have displayed in the lounge. A staff member told us, "I involve people in choices as I would want to be myself".

Care plans gave information on how independent a person could be and what they were able to do, for example one person liked to make themselves a drink and take their laundry to be washed. We saw people encouraged to collect a drink from the kitchen at lunchtime and to fetch their lunch to take into the dining room. Everyone appeared happy to do so. One person chose to eat alone at lunchtime, but was welcomed whenever they came into the lounge by the other people in there.

We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. One person said, "They [staff] respect me and ask if it is ok to help me". A staff member told us, "When I am caring for someone I make sure they are taken into the bathroom for personal care, that the door is shut and they are kept as covered up as possible. I then support them to do as much for themselves as possible".

We saw from minutes of meetings people had with staff that they were reminded when family members may have birthdays or of special dates in the calendar, so that they could send a greeting. Staff told us of how they spoke with families on a regular basis to provide them with updates on how the person was doing.

The manager told us that should be request the services of an advocate this would be arranged for them. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

Is the service responsive?

Our findings

At the last inspection in May 2016 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

We found that people's care plans were detailed and that they gave information on needs and requirements and how people wanted their care needs met. We saw that care plans included, but were not limited to; people's preferred daily routine, what support they may need, likes and dislikes, interests and hobbies, communication, health and medicines. Any medicines taken were listed. We saw that reviews were carried out in a timely manner. People and staff told us how they had worked together to compile the care plans.

People were supported to fulfil their religious and cultural needs. These were recorded and information was provided on how staff could assist people to pursue their needs. For one person this was to be supported to buy Christmas and birthdays cards and gifts.

We saw that activities took place. One person told us, "I go out shopping, but I won't go today as it is raining". A second person told us, "I like to sit and have a chat, I have friends here we have a chat". One person particularly enjoyed jigsaws and there was one in progress on the dining table. Other people liked action films and DVDs were available in plentiful supply. We saw staff making arrangements for people to visit the Christmas lights switch on in the city and to attend a pantomime. People were also attending a disco that evening and there were excited discussions about it.

Although there had been no recent complaints there was a complaints procedure in place, should it be required, and this gave information on how to make a complaint and was in an easily understandable format.

Care plans comprehensively included ageing, death and illness. This considered support needs such as medicine and going into hospital and short and long-term goals, such as family involvement through to funeral arrangements.

Is the service well-led?

Our findings

At the last inspection in May 2016 the key question of Well Led was rated Good. At this inspection the rating was unchanged.

There was a registered manager in place. 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.'

One person said, "I know the managers I see them a lot they are nice". A second person told us, "The managers come in, say hello". A staff member told us, "It is a really great place to work, everyone is great". Staff members told us that they felt supported by the registered manager and provider and that there were open lines of communication between them. People spoke to us about their experience of the service. One person told us, "I like living here, I like it". A second person told us, "I like my room".

Feedback was taken from people using the service, their families and professionals. We saw that the response from one GP was 'all very good' and 'I am kept informed at appropriate times about matters that might affect clients'. A professional from the local authority rated their feedback as 'excellent'. The registered manager told us how feedback was given verbally to people following questionnaires.

Staff meetings took place and discussed issues such as staffing and updates on the service. Meetings for people using the service were sometimes held jointly but were mainly 1-1 sessions with keyworkers where people were asked their views on their wellbeing, if they were happy with the support they received and if there were any changes. One person told us, "I can talk to the staff and they listen".

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

Weekly, monthly and periodical audits were carried out. Weekly checks included those on medicines and care plans, whilst the environment was checked monthly unless otherwise required. Audits provided a clear overview of any patterns or trends within the service.

Notifications were shared with us as expected, so that we were able to see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.