

# Potensial Limited

# Mansard House

## Inspection Report

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## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	5

### Detailed findings from this inspection

Background to this inspection	6
Findings by main service	7

# Summary of findings

## Overall summary

Mansard House provides care and support for a maximum of ten people with mental health needs, learning disabilities or autistic spectrum disorder. At the time of our visit there were nine people who lived there. The service also provides care and support to people in their own homes, to help them remain independent, once they have moved on from Mansard House.

There is an established registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

During our visit we saw staff understood people's needs and had developed a caring and supportive relationship with them. People spoke very positively about the service and how staff had made them feel empowered and motivated to succeed in reaching their goals.

Throughout our visit we saw examples of where the registered manager and staff had tried innovative methods to offer practical solutions to meet people's support needs. People were consistently involved in making decisions about all areas of their support. We saw their individual files included appropriate and thorough

risk assessments and care records. We noted the service had documentation in place to support 'positive risk taking.' Support plans were regularly reviewed to ensure people's changing needs were met.

We looked at how the service was being staffed and reviewed staff training and supervision. We saw there were sufficient staff on each shift with a range of skills and experience. Staff told us they felt supported, had regular meetings with their manager, and their training was kept up to date.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe. The service had safeguards in place for people who may be unable to make decisions about their care and support.

We found there were good systems and processes in place to monitor the quality of the service being provided. The registered manager consistently assessed and monitored the quality of care and actively sought ways to incorporate best practice in order to provide people who need care and support with high quality services. We saw that best practice guidance was implemented and followed by staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

The registered manager and staff developed an in-depth transition plan with people before they moved into Mansard House. This gave the person the opportunity to become familiar with the staff and the other people who lived at the home, and to feel safe within the environment. It also allowed staff to assess if they could meet the person's needs safely.

Clear procedures were in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe. We observed people were supported by staff in a safe, caring and respectful manner.

### **Are services effective?**

We found people were encouraged and supported to express their views about how they wanted their care delivered. This started before the person moved into Mansard House. The staff team worked with the person to plan, communicate and develop relationships so that when they moved to Mansard House, everything about them, their needs and desires were understood. This period of transition, along with thorough and detailed care planning, we observed to be a strength of the service.

We observed interactions of the staff team with the people who lived at the home and their families was personalised. This approach helped staff to find out what mattered to a person so they could take account of their choices and preferences.

Staff at the home actively engaged with a range of health and social care professionals to ensure all aspects of people's health and well-being was monitored.

Staff had access to on going training to meet the individual and diverse needs of the people they supported. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

### **Are services caring?**

The registered manager told us, "It is important the service users recognise this is their home, we believe in them and are here to help them succeed. Service users are encouraged to take charge of the care and support they receive here at Mansard House."

# Summary of findings

People we spoke with, all expressed they were very satisfied with the service and the support they received. People told us they had a good relationship with the staff and described the staff as “caring” and “encouraging.”

Our observations confirmed there was a strong, visible, open and inclusive culture at the home where staff were fully committed to empowering people to support them to be the best they could be.

## **Are services responsive to people’s needs?**

People told us they were supported to take the lead on how their support was managed and encouraged to express their views about how that support was delivered. One person told us, “The staff help and encourage instead of just telling.” People’s support needs were kept under review and staff responded quickly when people’s needs changed.

We saw people were enabled to maintain relationships with their friends and relatives and take part in activities that were of particular interest to them. One person told us they were interested in gardening and that staff had supported them to go to college to study horticulture.

We saw that although no complaints had been received recently, a system was in place should the need arise.

## **Are services well-led?**

The registered manager had good working relationships with the staff team and external agencies so people received personalised support which met their needs. People who lived at the home and their family members had nothing but praise for the manager, the staff and the support provided.

Staff told us the registered manager ‘led by example’. This was underpinned by a clear set of values which included promoting each person’s individuality, privacy, dignity, choice and rights. During our visit we observed staff acted according to these values when providing support to people in their care.

The registered manager actively sought and acted upon the views of others. There was a strong emphasis on continually striving to improve, in order to deliver the best possible support for people who lived at the home. This was supported by a variety of systems and methods to assess and monitor the quality of the service.

# Summary of findings

## What people who use the service and those that matter to them say

During our visit to the home, we spoke with seven people who lived at the home about their experiences of the care and support they received. We also spoke with five family members over the telephone about their views of the service.

People told us they felt safe because there was always a member of staff available twenty four hours a day. One person told us, “The staff are very supportive. I have freedom here but also support to stay safe.”

People told us the support they received had made positive changes to their lives. One person told us, “I am supported to be the best I can be. I can’t believe how far I have come and it is down to the support I have here. I couldn’t have done it without them. They have changed my life.”

People told us they had a good relationship with the staff, who they described as “caring and encouraging.” They also told us they liked living at Mansard House. One person told us, “It’s a good place to live. I really like it here and the staff are brilliant.”

People had positive words to say about the leadership at the home. A family member told us, “The team are so good, near perfect. It has changed my relative’s life and I can’t fault it from top to bottom.”

People who lived at the home and their family members gave positive feedback about the service and ultimately confirmed its success by explaining how much it had positively changed their lives.

# Mansard 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 of the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

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

We visited Mansard House on 15 April 2014. During our visit there were nine people who lived at the home. We spoke with a range of people about the service. They included the registered manager, four staff members, seven people who

lived at the home and five family members. We also spoke to commissioners from the local authority and NHS England in order to gain a balanced overview of what people experienced accessing the service.

During our visit, we spent time observing the daily routines at the home to gain an insight into how people's care and support was managed. We looked at all areas of the building. We also spent time looking at records, which included people's care records, staff training and supervision records and records relating to the management of the home.

Before our inspection we reviewed the information we held on the service. This helped inform what areas we would focus on as part of our inspection. Mansard House was last inspected in September 2013 when it was found to be meeting the national standards covered during that inspection.

# Are services safe?

## Our findings

The registered manager explained that when a person is referred to Mansard House, there is a period of engagement and planning with that person. This period was referred to as a transition period. The process was individualised, gradual and with no pre-determined length. The registered manager told us, "I have a responsibility to make sure people who live here are safe. This is their home and it is important to make sure the mix of people supports the culture and atmosphere of progress and balance in the house." People told us they had found the transition period beneficial because it gave them the opportunity to become familiar with the service, staff and other people who lived at the home and feel safe within the environment. Records we looked at for the transition period were thorough and detailed.

The registered manager told us the service adopted a positive risk management approach which recognised and built on individuals' strengths. This was achieved through the development of personal plans and risk assessments that supported and encouraged each person's potential through risk taking. Care records reviewed showed staff had completed thorough profiles for each person. These had been developed from the care plans and risk profiles which had been completed by relevant professionals in the person's care team. This ensured positive and constructive boundaries for each person to help them stay safe. People we spoke with were very positive about the support they received. They told us they felt safe whilst their freedom was supported and respected. One person told us, "I have got freedom here but I have also got help. The care plan is key to keeping boundaries."

Where people might display behaviour which challenged others, we saw evidence in the care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. We spoke with staff who told us they were aware of the individual plans and said they felt able to provide suitable care and support, whilst respecting people's dignity and protecting their rights.

We saw evidence there were staff briefings or handovers at the change of each shift. During these handovers staff discussed situations which were likely to be emotionally challenging for people who they supported and which may

indicate or trigger certain behaviour. Staff had the opportunity to discuss how best to manage the situation. We spoke with staff who told us this open approach helped them feel supported, so that people who lived at the home received a positive and professional response.

During our visit, we spent time in all areas of the home, including the lounge and the dining areas. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People were relaxed and comfortable with staff. We noted staff communicated with people by their preferred method and treated people with respect. Staff ensured people's privacy and dignity when supporting them.

Family members we spoke with were very positive about how risks were managed. One family member told us how they now felt relaxed because the support their relative received at Mansard House, had resulted in their relative's life being more safe and secure.

We looked at the staff rotas for the four weeks before our visit. These showed that a minimum of three staff were always on duty during the day. The registered manager talked to us about how she tried to ensure the rotas were flexible so they could support people who lived at the home. They explained how if a person wanted to go out, but required staff support to do so, the rota was flexible so this could be facilitated.

At the time of our inspection there had been no safeguarding alerts raised by the service since the last inspection. We saw procedures were in place for dealing with allegations of abuse. Discussion with staff confirmed they had a good understanding of the type of concern they should report, and how they should report it. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people they supported were protected from potential harm or abuse. Training records confirmed all staff had received recent training on safeguarding vulnerable adults. This meant the staff had the necessary knowledge and information to ensure people were protected from abuse and discrimination.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. At the time of our visit, there

## Are services safe?

had been no applications to place a restriction on a person's liberty. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. Clear procedures were in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make

decisions for themselves, or to support those who lacked capacity to manage risk. Records reviewed showed that when one person had refused to take their medicine, their capacity to make that decision had been assessed. Appropriate professional advice had been sought on how to support this person.

# Are services effective?

(for example, treatment is effective)

## Our findings

We spoke with people who lived at the home and their family members to ask them about their experiences of support provided by Mansard House. One person who lived at the home told us, “I am supported to be the best I can be. I can’t believe how far I have come and it is down to the support I have here. I couldn’t have done it without them. They have changed my life.” A family member we spoke with told us, “The team are so good, near perfect. It has changed my relative’s life and I can’t fault it from top to bottom.”

Care records we looked at showed there was a long transition and introductory phase before people moved to Mansard House. An assessment of people’s needs was carried out and people were invited to visit so they could meet other people and the staff. We noted information was sought from a variety of sources during the assessment process including relatives and health and social care professional staff. This ensured that important information was shared.

We looked at two completed assessments during the inspection and noted they covered all aspects of the person’s needs. The registered manager explained careful consideration was given to the needs of the existing residents to ensure the minimum disruption when a new person moved into the home. The registered manager also made sure a new person’s needs could be met within the home’s staffing resources. This approach ensured there were effective systems in place to maintain the safety and well-being of people considering or using the service.

The service utilised the star recovery programme. This is a tool to support people to create their own wellness recovery action plan, to set out their goals and to identify what help they need to get there, what helps keep them well, and what puts their mental health at risk. The plans of support we viewed showed people had been involved in developing their recovery plan. This enabled staff to identify people’s support preferences. There was a system in place to request the support of an advocate who could represent the views and wishes of the person, should they need it.

Plans were reviewed on a monthly basis. This ensured each plan was individualised and progress to achieve the person’s goals was at an appropriate level and pace.

People we spoke with were very positive about the programme and the impact it had on their progress. One person told us, “I feel positive about myself. The programme motivates me to take small steps at my pace. I can look back at what I have achieved and this encourages me to achieve more.”

The staff at Mansard House had identified that there was limited support for people moving back into the community. In response the service converted a large bedroom in the home into a self-contained flat. The service also registered with the Care Quality Commission to provide personal care in the community. The registered manager told us, “We are committed to supporting people to be independent, to regain their place in the communities where they live and take part in mainstream activities. These facilities provide a care pathway, where the person can be supported on that journey.”

We saw that one person who lived at the home had achieved the maximum they had wanted to achieve and was supported to move on. They moved into the flat at Mansard House before moving into a new home in the community. Throughout the transition there was planned support from the staff at the service, or from health and social care professionals. This ensured the person was provided with the skills, support network and coping strategies to manage throughout the transition and after the person moved to independent living.

People’s healthcare needs were carefully monitored and discussed with the person as part of the support planning process. Records we looked at showed that the home worked closely with other health and social care professionals. This meant the staff took people’s health seriously and responded to their individual needs.

As part of the inspection, we spoke with commissioners from the local authority and NHS England. They told us the home worked alongside quite a number of professionals who were visited the home. They told us relationships with staff at the home were very supportive and any communications regarding safeguardings had always been addressed and concluded satisfactorily.

The registered manager told us Mansard House had won an internal award (out of 56 services) from the provider of the service, Potensial Limited. The award was for the way in which the home proactively made contact with other agencies to support people’s care and for the positive

# Are services effective?

(for example, treatment is effective)

relationships and reputation they had gained. Family members we spoke with confirmed the staff were very good at keeping them informed and helped to link the people who lived at the home and their families with other agencies and professionals if needed.

Staff training records showed staff had received training in safeguarding vulnerable adults, medication, food safety, moving and handling, health and safety, infection control, fire training, first aid and equality and diversity. The records showed the training was current. In addition staff were trained to provide the specialist care that people who lived at the home required. This included staff development training on caring for people with mental health needs or a person with a diagnosis of personality disorder and how to manage behaviour that challenges.

We noted that a number of people who lived at the home had been prescribed a specific medicine. The medication carries with it a number of side effects which require close monitoring. The registered manager had sourced training and monitoring tools, to ensure best practice guidance was

implemented and followed by all staff. We saw that specific care plans were in place to ensure medication was administered safely and routine health checks took place at the required intervals. We also saw staff had their competency assessed throughout the year, to ensure they demonstrated the required knowledge and skills.

Staff members we spoke with confirmed they had access to a structured training and development programme. One staff member told us, "Training is excellent. We do mandatory training but there are also opportunities and resources to improve the quality of our care and support." The staff member then went on to describe how recent personality disorder training had given them a better insight to respond to a person who lived at the home. They told us, "People who live here are individuals with different care needs. The training helped us to give that person the support they needed, whilst helping them to remain as independent as they can be." This ensured people in their care were supported by a skilled and competent staff team.

# Are services caring?

## Our findings

We spent time in all areas of the home, including the lounge and the dining areas. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. We observed one member of staff sat with a person discussing the possibility of buying some jewellery. The staff member was assisting the person to consider this purchase as they already had similar jewellery. This was done in a very positive and reasoning way. Our observations confirmed staff had a good relationship with people who lived at the home. People were relaxed and comfortable with the staff.

During our visit we spoke with people who lived at the home. All expressed they were very satisfied with the service and the support they received. One person told us "Mansard House has a very homely feeling. I feel supported to be the best I can be." People told us they had a good relationship with the staff and described the staff as "caring" and "encouraging." Family members told us the team at Mansard House do a "very good job." One relative said, "I always feel included it's a very inclusive place."

We saw evidence that the provider regularly sought feedback for people who lived at the home about the care and support they received. Feedback from the last satisfaction survey in 2013 showed that all the people at the home were satisfied with the attitudes and general manner of staff with 75% of respondents being very satisfied with the way staff try to support them. Comments from the survey included, "The staff are wonderful," and, "The staff and manager make Mansard really homely."

People who lived at the home were keen to show us their rooms. They told us they were encouraged and supported to clean their own rooms, or cook their own meals so that they did not live in unclean or undignified ways. One person told us, "The staff help and encourage instead of just telling." People told us they were proud of their home.

The registered manager told us the home operates like a large family home which, "Provides a positive example of a settled home environment where people can feel safe and cared for." Staff told us they enjoyed their work because everyone cared about the people who lived at the home. Staff spoke fondly and knowledgeably about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs for people

within their care. One staff member said, "It's all about the service users, we treat people as individuals. We support and encourage them to be the best they can be. We motivate people to feel positive about themselves and to know they are supported. I love working here." The registered manager told us, "It is important the service users recognise this is their home, we believe in them and are here to help them succeed. Service users are encouraged to take charge of the care and support they receive here at Mansard House."

We looked in detail at two people's care records and other associated documentation. Each person had all the relevant support plans stored electronically. We saw evidence people had been involved with and were at the centre of developing their support plans. This demonstrated that people were encouraged to express their views about how their support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence to demonstrate people's support plans were reviewed with them and updated on a monthly basis. This ensured staff had up to date information about people's needs.

People's support records were well organised and laid out in such a way that it was easy to locate information. A member of staff told us they had ready access to people's support plans and they were informed if there had been any changes. Daily records were completed electronically and reviewed people's progress against their individual goals. The registered manager told us this approach ensured staff had up to date information about the person's progress and enabled staff to provide appropriate and timely support to each of the people who lived at the home.

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person, to get to know how they liked to be treated. One staff member told us, "It is important that we have open communication with people we are supporting. People trust us and we must respect their privacy and dignity when supporting them."

We were shown around Mansard House by the registered manager. We saw staff knocked on people's doors and waited for the door to be answered before they entered a

## Are services caring?

person's bedrooms. We were told one person did not like people going in their room and advised us to speak with them in the lounge area. This showed us people's privacy was respected.

The registered manager told us the service was in the process of signing up to the Social Care Commitment. The Social Care Commitment is an agreement between

employers and employees, where both sides sign up to seven clear commitments to develop their skills and knowledge. The commitment involves employers promising to implement best practice in a number of areas relating to workforce values, attitudes, behaviours, skills and competence. By signing up, employers and their workers pledge to continually deliver high quality care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People were supported to express their views and wishes about all aspects of life at the home.

Staff actively sought, listened to and acted on people's views. People who lived at the home were allocated a named member of staff known as a key worker, which enabled staff to work on a one to one basis with them. This meant they were familiar with people's needs and choices. The registered manager told us, "We want our service users to feel listened to. Each person has a key worker. It is their job to advocate for the person and ensure their voice is being heard and their needs are being met."

We spoke with staff members who told us the team were focussed on the support people needed and that good planning with the person involved, was they key to empowering people to succeed. One staff member told us, "The support provided to each resident is very individual and tailored to each person with their complete input."

One person we spoke with discussed the planning they had done with the staff team. They told us they were confident the staff team worked with them to achieve their goals. Another person told us, "I can talk to any of the staff at any time, but my key worker helps me with my progress. The care plan is key. I know what I want to do and they help me with small steps to get there." This meant the support being provided was relevant and meeting people's needs.

We saw that as part of the star recovery programme, the key worker would discuss the person's progress with them every month. Records we looked at showed these reviews had taken place and new goals set as appropriate. If people's needs changed, their support plans would be reassessed to make sure they received the support required. One family member we spoke with told us, "My relative can be challenging but the staff work to better their life. They don't give up." They went on to explain the staff are very hard working and committed to the support they provide. They told us staff regularly communicate with them and keep them involved in key decisions. They told us any changes to their relative's support needs are constantly under review and that, "Everything is documented and recorded so well."

People who lived at Mansard House were encouraged to take charge of the care and support they received. The registered manager told us, "They run their own service

user group called 'empower'. They hold regular meetings where they discuss all aspects of life at Mansard House." We saw records that these meetings had been held. We saw information on the 'service user noticeboard' that demonstrated the service had responded to people's views. For example the service user group had collectively come up with a set of pre-agreed questions to be asked at staff interviews. The registered manager confirmed that people who lived at the home were part of the recruitment process for new members of staff, and the questions the group had agreed on, now form part of the interview questions.

The registered manager told us, "We want our service users to feel fulfilled and not discriminated against. We recognise they have a valued place in the community." Records showed people were supported to access both work based and social amenities such as voluntary work, the gym, dining out, libraries, college courses, health clubs and groups. This meant people were at less risk of social isolation and loneliness.

People told us they were encouraged and supported to undertake activities that were of interest to them. One person told us they were supported to go to college to study horticulture, with the long term plan being to gain employment as a gardener or in a garden centre. Staff told us support for activities was outcome focussed. They explained this meant they may escort someone to do something, whilst working on building confidence skills so they could eventually do it alone.

The registered manager told us they work closely with the local mental health forum. They explained that one person who lived at the home had been involved in a walking group, run by a social inclusion service called Community Restart. This had led the person to show an interest in setting up a cycling group at the home. We saw there were four bicycles at the home and were told people now regularly went out on bike rides together. This demonstrated staff were committed to working in partnership with people they support, to find innovative ways to make positive changes for the person and others who lived at the home. The registered manager told us, "The benefits are massive. It is confidence building for the person who runs the group plus exercise is proven to be beneficial to people with mental health needs."

# Are services responsive to people's needs?

(for example, to feedback?)

People we spoke with enjoyed their bike rides. They also told us that a person who is due to move into Mansard House soon was joining them on their bike rides. One person told us, "It's great because we get to know them before they move in."

The provider had a policy and procedure for dealing with any complaints or concerns. Details of the complaints procedure were displayed on the 'service user notice board'. The information was also produced in an easy read format.

The people we spoke with told us they were aware of how to make a complaint. One person told us, "I'm happy here, if I wasn't the staff have explained how I can make a complaint." Another person said, "I never have to complain as it's a great service, but I would know how to."

We checked through the processes for two complaints that had been received in the last twelve months. We found the service had completed appropriate actions within the timeframes set. Complaints had been responded to in a clear, factual and in-depth manner. Acknowledgement of responsibility was given to the complainant, where applicable, and follow-up actions were recorded. This meant the provider had an effective system in place for the identification, handling and management of complaints.

# Are services well-led?

## Our findings

Mansard House had a statement of purpose which outlined the service provided. It also set out the service's mission statement to provide services which maximise the independence of the individual, through trust, positive regard, shared learning, equality and personalisation. During our visit we observed that the registered manager and staff acted according to these values when providing support to the people in their care.

We spoke with the registered manager about the culture at the home. They told us, "The service is service user led. This is their home and we come to help them. I like to think that I inspire the staff which supports them to inspire the service users to succeed." Our observations and conversations with people who lived at the home and their family members confirmed that Mansard House was a well led service.

Observations of how the registered manager interacted with staff members and comments from staff showed us that the service fostered a culture that was centred on the individual people they support. We found the service was well managed, with clear lines of responsibility and accountability. All staff members we spoke with confirmed they were supported by their manager. One staff member told us, "We have the best boss, brilliant leadership. She leads by example." Another person told us, "This is a great place to work, the team are brilliant. I wouldn't want to be anywhere else."

Staff we spoke with explained there was an open culture within the service, where their views were welcomed and valued. They told us the manager was 'very approachable' and they were encouraged to discuss any aspect of their role. Staff attended handovers at the change of each shift. This gave them the opportunity to discuss people's care needs and any day-to-day operational issues. Staff told us that at handovers they were encouraged to discuss any triggers or 'stressors' that might cause them anxiety during their day. They told us this open approach helped them to feel valued and supported.

Staff also attended regular house meetings where the whole team could meet together. This kept them informed of any developments or changes within the service. Staff told us their views were considered and responded to. Each

staff member received regular supervision sessions as well as annual appraisals. This meant they were being supported in their roles as well as identifying their individual training needs.

The provider had robust systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they supported through the 'empower' group, annual satisfaction surveys and care reviews. The 'empower' group was run by people who lived at the home. We saw that meetings were held every other week and any comments, suggestions or requests were acted upon by the registered manager. This meant that people who lived at the home were given as much choice and control as possible into how the service was run for them.

We saw that the care and support provided was based upon best practice evidence. Throughout our inspection we saw examples of where the manager had listened to people's views or introduced best practice to find ways to improve the care and support people received. There was a strong emphasis on continually striving to improve, in order to deliver the best possible support for people who lived at the home.

We saw annual satisfaction surveys were completed by people who lived at the home. These were produced to get the views of how people thought the service was run. They also provided the opportunity for people to suggest ways to improve the running of the service. We saw the results of the last survey. The results were very positive with all people who lived at the home being satisfied with the catering and food, personal care and support and management of the home.

We saw the service worked alongside other health and social care professionals, to ensure people who lived at the home were supported to meet their physical and mental health needs. The registered manager described this approach as the person's 'care team'. We saw that health and social care professionals were invited to complete an annual satisfaction survey, for their views on the service provided by Mansard House. We noted from completed surveys that staff at the home were complimented for their, "Commitment and creativity." And their, "Compassionate approach." Professionals had also commented that they were, "Extremely impressed with the service," and, "Exceptionally satisfied with the service."

## Are services well-led?

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. Records reviewed showed that the service had a range of quality assurance systems in place, to help determine the quality of the service offered. These included health and safety audits, medication, care records, staff files, finances, communication and incidents and accidents. We looked at

completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

Where incidents had occurred, we saw that detailed records were maintained with regards to any safeguarding issues or complaints, which had been brought to the manager's attention. Where appropriate these were reported to the Commission. This evidenced what action had been taken to ensure that people were kept safe.