

Potensial Limited

Mansard House

Inspection report

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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?

Outstanding 

Is the service well-led?

Good 

Overall summary

Mansard House is a three storey dwelling located in a residential area of Preston close to the city centre. Care and support is provided for a maximum of ten younger adults with mental health conditions, learning disabilities or autistic spectrum disorder. All bedrooms are of single occupancy with en-suite facilities. The service can also provide care and support for people in their own homes, to help them remain independent, once they have moved on from Mansard House.

Pleasant communal areas are available, which are well decorated and well maintained. Public transport is

available from outside the home. On road parking is permitted and a variety of amenities are within easy reach, such as a post office, pubs, shops, supermarkets, churches, a leisure centre and newsagents.

The regulated activities for this service are, 'Accommodation for persons who require nursing or personal care' and 'Personal care'. However, Mansard House does not provide nursing care. Mansard House is designed to accommodate and provide care and support for adults who have a learning disability, autistic spectrum disorder or mental health disorders. The level

Summary of findings

of people's needs vary from those who are quite independent and are being supported to be self-sufficient to those who require a great amount of support and care intervention. The last inspection of this service was conducted on 15th April 2014, under a pilot scheme to test the new inspection process. There were no issues identified at that time.

This comprehensive inspection was unannounced and was conducted on 22 June 2015.

The registered manager was on duty on the day of our 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.

We found recruitment practices to be robust. In-depth induction programmes were provided for all new employees and a wide range of training modules were available for the staff team, many of which were essential components of individual learning and development plans. Staff members we spoke with were knowledgeable about the needs of those in their care.

Detailed assessments of people's needs had been completed before a placement was arranged at Mansard House and the planning of people's care and support was person centred, providing staff with clear guidance about the needs of those who lived at the home and how these needs were to be best met. Records showed that individuals were empowered and fully involved in making decisions about how they wished to live. Risk assessments had been conducted, which were detailed and outlined the best course of action, in order to reduce the level of potential risk. This helped to protect people from harm.

We found that people's dignity was consistently promoted and their privacy was always respected. Staff members approached those who lived at Mansard House in a kind, gentle and friendly manner. People were supported to maintain their independence as much as possible and were relaxed and comfortable. They spoke very positively about the service and how staff had made them feel empowered and motivated to succeed in reaching their goals.

People were supported to express their views and were able to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

The staff team were confident in reporting any concerns about a person's safety in relation to the Mental Capacity Act 2015 (MCA) and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been conducted for all those who lived at the home, which determined that no-one lacked the capacity to make any decisions and everyone was able to 'come and go' as they pleased, without any undue restrictions being placed on their freedom.

People told us they felt safe living at Mansard House. Their human rights were properly recognised, respected and promoted. Accident records were appropriately maintained and these were kept in line with data protection guidelines. A contingency plan provided staff with guidance about what they needed to do in the event of an environmental emergency, such as power failure or severe weather conditions. Systems and equipment within the home had been serviced to ensure they were safe and fit for use.

People received their medicines in a safe manner, although we did discuss some minor issues with the registered manager, which were addressed immediately. Medication audits were in place. However, these could have been more streamlined, so that minor issues could be identified and rectified at an early stage.

Clinical waste was being disposed of appropriately and infection control practices were good. The home was found to be safe. Food served was tasty, nutritious and plentiful. A range of individual activities were provided and outings to local places of interest were arranged.

We found that Mansard House had many of the characteristics of 'outstanding', which was echoed in the consistent comments from those who lived at the home, relatives, staff and external professionals of which feedback was sought from a considerable number. Evidence was also available to show that the home maintained sustainability over long periods of time in many areas.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

People were supported to take their own medicines and those who lived at Mansard House were protected from any medication mismanagement.

Detailed risk assessments had been conducted and infection control practices were good. This helped to ensure people who lived at the home were protected from harm.

At the time of this inspection, recruitment practices were robust, which helped to ensure only suitable staff were appointed to work with this vulnerable client group.

Staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Mansard House.

Good



Is the service effective?

This service was effective.

We noted people were supported to enjoy a meaningful lifestyle, without any undue restrictions being placed on their freedom. People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not being unlawfully deprived of their liberty because legal requirements and best practice guidelines were followed.

New staff completed an in-depth induction programme when they started to work at the home. Records showed the staff team completed a range of mandatory training modules and this was confirmed by staff members we spoke with. Regular supervision sessions and annual appraisals enabled members of the workforce to discuss their personal development and training needs with their line manager.

People were involved in preparing their individual menu choices. Systems were in place to support people to live a healthy lifestyle, including good nutrition, but people's dietary preferences were also taken into consideration.

Good



Is the service caring?

This service was caring.

People's privacy and dignity was consistently respected and they were supported to remain as independent as possible, whilst living at the home. People spoke highly about staff and the management team. People were supported to express their views and were able to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

The service had introduced innovative and creative ways of helping people to express their views, so they understood things from their points of view. This was done by the service user led empowerment group, which was chaired by a nominated service user and which met regularly to discuss any topics of interest to the group.

Good



Summary of findings

Some people had also signed up to become 'experts by experience' for the company, which enabled people to be involved in the operation of the organisation, by obtaining people's views and suggestions for improvement, which were then forwarded to the management team. Everyone felt they 'belonged' to Mansard House and people were supported to achieve a 'good life'. People felt the staff team were genuinely 'caring' in all aspects of their work.

Is the service responsive?

This service was responsive.

People's needs were thoroughly assessed before a placement at the home was arranged. This helped to ensure the staff team were confident they could meet the needs of individuals before they moved in to Mansard House.

Support plans we saw were well written, person centred documents. These provided staff with clear guidance about the needs of people and how these needs were to be best met. A system of 'Outcome Star Rating' was used, which enabled people to be fully involved in the development of their support plans by encouraging them to write their own comments within each section of their support plans.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Outstanding



Is the service well-led?

This service was well-led.

Confidential records of people who used the service and of the staff team were kept securely.

Records showed that surveys had been returned from a variety of people involved with the service, including community professionals. Everyone we received feedback from provided us with extremely positive comments. A wide range of audits had been conducted and external professional organisations periodically assessed the standard of service provided.

Very detailed systems for assessing and monitoring the quality of service provided had been implemented and evidence was available to demonstrate the home worked in partnership with other relevant personnel, such as medical practitioners and community professionals.

Good



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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 22 June 2015 by two Adult Social Care inspectors from the Care Quality Commission, who were accompanied by an Expert by Experience. An Expert by Experience is a person who has experience of the type of service being inspected. This expert had experience in caring for a young adult with learning disabilities. Their role is to find out what it is like to use the service. This was achieved through discussions with those who lived at Mansard House and staff members, as well as observation of the day-to-day activity.

At the time of our inspection of this location there were ten people who lived at Mansard House. We 'pathway tracked' the care of four of them and spoke with seven of them. This enabled us to determine if people who lived at the home

received the support they needed in a person centred way and if any risks to people's health and wellbeing were being appropriately managed. We were able to speak with five members of staff during our inspection and we subsequently contacted three relatives by telephone.

We toured the premises, viewing with permission a randomly selected number of bedrooms and all communal areas. We observed people dining and we also looked at a wide range of records, including the care files of four people who used the service and the personnel records of one recently appointed member of staff. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

Prior to this inspection we looked at the information we held about this service. We reviewed notifications of incidents that the provider had sent us and we asked local commissioners for their views about the service provided. We also requested feedback from 13 community professionals, such as medical practitioners, community nurses, mental health teams and a dentist. We received eight responses, which all provided us with very positive information.

Is the service safe?

Our findings

At the time of our inspection we spoke at length with five people who lived at Mansard House. They were all very clear in telling us that they felt safe whilst living at the home. Their comments included: “We all get on ok here. There’s no falling out. People here treat me with respect. I feel safe here”; “I always feel safe”; “I have never seen any ‘kicking off’ between residents”; “It’s (Mansard House) got a good reputation. The staff are brilliant. I have never seen any falling out. It is a bit different to hospital” and “The staff are excellent. There’s enough staff. I am happy here.”

Each person who lived at the home had a missing persons’ profile, so that if anyone did not return as expected and it was necessary to report them missing to the police, then a profile of their appearance was quickly available. The registered manager told us that ‘house rules’ were issued to everyone who went to live at Mansard House. She told us this was in order to keep people safe. For example, the front door was locked at midnight. This was to protect people from the possibility of intruders. However, if people who lived at Mansard House wished to stay out beyond midnight then they just had to make staff aware that they would be returning later.

We saw evidence of three staff handover meetings each day. During these briefings staff discussed situations which were likely to be emotionally challenging for people who they supported and which may have indicated or triggered certain behaviour. Staff had the opportunity to discuss how best to manage these situations. Staff we spoke with told us they were actively encouraged to be open and honest about their feelings and views. They told us that this open approach helped them to feel valued and supported, so that people who they provided care for 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 being managed. People showed no signs of being uncomfortable in the presence of staff members. The registered manager told us she felt the staff team had exceptional skills around working safely.

We looked at staff rotas and talked with people about staffing levels. We established that the numbers of staff deployed at the home were calculated in accordance with

the dependency levels and needs of those who lived at Mansard House. The registered manager talked to us about how she tried to ensure the rotas were flexible, in order to appropriately support those who lived at the home. She explained how if a person wanted to go out or needed to attend an appointment, but required staff support to do so, and then this could always be facilitated.

We asked members of staff about the number of care workers deployed on each shift. They were all completely happy with the staffing levels. Their comments included, “Staffing levels are perfect!” “It’s been the same since I started. Very consistent” and “Staffing levels are always planned around activities. We get more staff if we need them.” Staff also confirmed that if for instance, there were any concerns about the wellbeing of a person who used the service, extra staff would be provided at night to mitigate any risks. This was confirmed by the registered manager and all staff we spoke with.

We identified that Mansard House had an established and settled staff team, who were well trained, confident and knowledgeable. This helped to ensure that those who lived at the home were protected from harm. The registered manager of Mansard House commented, “We have a stable staff team. We support people who have had chaotic lives to live well. We give them confidence and belief in themselves, like a big family. We have a massive waiting list.”

During our discussions with some of the people who lived at Mansard House we established that they were kept ‘safe’, in the sense of knowing how to complain to independent advocates or their social worker, if they felt their safety was an issue. Many were also in regular contact with friends and families, who would quickly become aware of any problems regarding safety. This was confirmed by relatives we spoke with.

Environmental risk assessments had been conducted and regularly reviewed. These covered areas, such as kitchen equipment, lone working, security, spillages of bodily fluids, laundry, water temperatures, hot surfaces and infection control. A system had been introduced to ensure all staff had confirmed they had read and understood the risk assessments in place. This helped to ensure people were kept safe.

We spoke with one staff member who was also the designated health and safety representative. He told us

Is the service safe?

that he had received additional training to take on this role. He advised that he did regular safety audits and that any issues were reported to head office, who were always prompt in addressing any shortfalls.

The registered manager told us, “We have become first choice for the local NHS secure hospital, Guild Lodge. This was as a result of the outcomes we could evidence. Our methods now have a proven track record. We have supported many people to move back into the community, where this was never expected, due to high risk. The flat we have here is a big part of this. It is a good stepping stone.”

During our tour of the premises we found the environment to be well maintained and pleasant smelling throughout. A cleaning schedule and an infection control policy were in place and we noted that clinical waste was being disposed of in accordance with current legislation and good practice guidelines. A health and safety procedure was in place at the home and Personal Protective Equipment (PPE) was available, should it be needed.

Policies and procedures were in place in relation to the management of medicines. Records showed that all staff were required to complete medicines training and had recorded competence assessments completed, prior to being able to administer medications. These were refreshed annually or more frequently, if there were any concerns about the staff member’s practice.

The storage of medicines was secure and well organised. Storage for controlled drugs and refrigerated lines was available, if required. The temperature of the medicine room and drugs fridge were monitored daily. This helped to ensure appropriate temperatures were maintained in order to preserve the shelf life of medicines.

Five people who lived at the home were responsible for administering their own medicines. They all had secure storage within their bedrooms. There were detailed risk assessments and specific support plans pertaining to this, which were regularly reviewed and up to date. We were told that one person who wished to self-medicate could get a bit confused about his medicines. As a result, these were organised for him to make them easier to understand. This was a good example of promoting independence and meeting individual need.

Photographs of individuals were attached to the Medication Administration Records (MARs), so that people could be easily identified. This helped to reduce the

possibility of medication errors. The support plans for medicines were all of a good standard and contained a good level of detail, such as how staff should deal with situations where people had refused to take their medicines. We saw a good example of clear strategies implemented for one person, who would get anxious and start to request his medicines too early.

Clear step by step instructions about the support required by each individual was provided for staff, which also included good information about any allergies. As and when required (PRN) protocols were in place, which provided staff with clear guidance about when PRN medications may be required, as well as guidance around homely remedies. Homely remedies are medicines which do not need to be prescribed and can be purchased over the counter, such as Paracetamol and Senokot. Very good information about each medicine was available for staff, which highlighted when certain medications may have adverse effects on a person’s health and any possible side effects.

People received their medicines in a safe manner and some very good strategies were in place to support people in taking their medications. We did discuss some minor issues with the registered manager, such as a duplicate record for one person, although this had been identified and therefore rectified. We also discussed a recent hand written MAR chart, which had one signature. The manager had just become aware of this and she addressed it immediately. We discussed the medication auditing process with the manager at the time of our inspection, who gave us a good explanation of how she was in the process of streamlining this system, as she constantly strived to develop and improve all aspects of the service for those who lived at Mansard House.

Risk assessments were evident in the care files we looked at and these had been reviewed and updated regularly. The numerical system used was not particularly clear, but any risks and action required to keep people safe was well detailed. Areas, such as medication management, window restrictors, behaviour that challenged and lone working, were all important aspects of the risk management planning. This was supported by our discussions with staff who showed a very good understanding of risks relating to people’s care. We saw that support plans followed on from

Is the service safe?

a risk management framework and potential risks were incorporated into the support planning process, with clear strategies of action being evident to reduce the possibility of harm.

Records showed that in some cases, extreme risk was possible. However, this was very well planned for and there was external 24 hour emergency support available. The care files we saw included input from a wide range of other professionals and there was good information for staff about triggers to look for, which indicated the possibility of a volatile situation. All staff spoken with were fully aware of warning signs. We saw some good examples of risks being managed in partnership with other professionals, such as the mental health team and probation officers.

Policies and procedures were in place in relation to safeguarding vulnerable adults and whistle-blowing. Records showed staff had completed training in this area. A system was in place for recording and monitoring any safeguarding concerns, so that the manager could easily identify any themes or recurring patterns. Staff we spoke with knew what action they needed to take, should they be concerned about the safety of someone in their care.

All members of staff we spoke with were fully aware of safeguarding and whistleblowing procedures and all had absolute confidence in approaching the registered manager. They were totally confident she would address any concerns raised.

The turnover of staff was extremely low. During our inspection we looked at the personnel record of one recently appointed staff member. Prospective employees had completed detailed application forms, including health questionnaires and had provided acceptable forms of identification. We found that recruitment practices for new staff were robust. The background assessments undertaken included the receipt of two written references and Disclosure and Barring Service (DBS) checks, which would identify if the individual had any criminal convictions or had ever been barred from working with vulnerable people. DBS disclosures were routinely checked every three years for all members of staff. A 'traffic light' system was in place, which automatically identified when a DBS was due for renewal. The recruitment procedures adopted by the home helped to ensure prospective employees were suitable to work with the group of people who lived at Mansard House.

Staff personnel records showed that interviews were conducted for prospective employees and a record of the activity was retained in staff files. New staff were provided with job descriptions relevant to their specific role and terms and conditions of employment. Together, these documents provided staff with clear guidance about their roles and what was expected of them whilst working at Mansard House. All new staff were also issued with an employee handbook, which included topics such as, equal opportunities, dignity at work, learning and development, health and safety, discipline and grievance procedures and the reporting of accidents.

Accident records were appropriately recorded and these were kept in line with data protection guidelines. This helped to ensure people's personal details were maintained in a confidential manner. Audits of accidents and incidents were conducted each month and systems were in place for identifying any recurring patterns, so that strategies could be implemented to reduce the likelihood of accidents and incidents occurring.

Records were available to demonstrate that systems and equipment had been serviced in accordance with manufacturers' recommendations and a wide range of internal checks had been conducted, to ensure they were continuously fit for use. This helped to protect people from harm.

A contingency plan was in place, which provided staff with guidance about action they needed to take in the event of an environmental emergency, such as a flood, power failure or severe weather conditions. We noted that an emergency box was readily available in the reception area of the home.

A detailed risk assessment and clear written procedure was in place outlining the action staff needed to take in the event of fire. Individual Personal Emergency Evacuation Plans (PEEPs) had been developed and recently reviewed, which showed how people should be assisted from the building in the case of evacuation being necessary. This information was located in a position for easy access by the emergency services, who would not be familiar with those who lived at Mansard House.

Is the service effective?

Our findings

People who lived at the home told us, “My room is great”; “We take it in turns to cook. We take it in turns to clean. This all seems to work well” and, “I am happy with my one room. I have a key, my own toilet and shower”; “I have been here three years now. It’s much better than where I was before. I chose to come here. The staff seem alright and I get a nice homely feeling” and “I have a key worker and I have some time for 1 to 1. I feel lucky to be here.”

It was clear from chatting with people who used the service that in their past people had been described as ‘challenging’ by other care professionals. However, we were told by all those we spoke with that there was never any ‘trouble’ at Mansard House, because methods and systems used by the staff team were effective in helping people to live a meaningful life style. Therefore, their past need to be ‘challenging’ had been replaced by a supportive and caring ‘family’ life, which provided them with interests and effectively channelled their attention in to more constructive and well balanced activities.

During the course of our inspection we toured the premises, viewing all communal areas and a randomly selected number of bedrooms, which we viewed with permission. The home throughout was warm and comfortable. It had a domestic feel to it and therefore provided a homely environment for people to live in. We saw that people had a key to their bedroom door and a locked drawer for private items. We found the building to be well designed to meet the needs of those who lived at the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation, which ensure that where someone may be deprived of their liberty, the least restrictive option is taken.

Mental capacity assessments had been conducted to ascertain if people lacked the capacity to make decisions about the care and support they wished to receive. The registered manager told us that DoLS applications had not been necessary because no-one lacked the capacity to

make decisions and people who lived at the home were able to ‘come and go’ as they pleased, without any undue restrictions being placed upon their freedom. This we observed during the course of our inspection.

Consent in various areas had been obtained from those who used the service, such as agreements for the taking of photographs, administration of medications, emergency first aid, medical treatment, life saving measures, finances, sharing information, staff entering bedrooms and resuscitation. People who lived at the home had been involved in the development of their plans of care. This helped to ensure they had been supported to make decisions about how they wished their care and treatment to be delivered. Written policies and procedures were in place in relation to consent, choice, empowerment and risk.

Records demonstrated that people’s choices had been respected and the principles of the Mental Capacity Act had been followed, where this had been felt necessary. An initial assessment had been conducted in line with decision making processes. Following this a DoLS checklist was completed every six months with the people who used the service to ensure no unethical or restrictive practices had crept in without due process. These assessments continued throughout a person’s stay at Mansard House.

Records showed that a wide range of community professionals were involved in the care and treatment of those who lived at Mansard House, such as community nurses, psychiatrists, GPs, dentists, opticians, and psychologists. This helped people to receive the health care they needed. Hospital passports had been developed for each individual. These contained important information, which medical staff would need to know in the event of a medical emergency, such as personal details about the person, prescribed medication, next of kin contact details and any known allergies. Having this information readily available for hospital staff and ambulance crews, could expedite any necessary medical treatment.

Much evidence was available within the care plans of very effective joint working with a range of health care professionals including mental health specialists, consultants, GPs and community nurses. For example, the mental health team had been fully involved in the care plan and risk management plan for one person who lived at Mansard House. Several staff we spoke with said the

Is the service effective?

external support received at the home was excellent from community professionals. One member of staff said, “We know them (the residents) so well, we can pick up on the slightest thing and know there is a problem.”

Records showed that the home had developed excellent links with local care services and this was demonstrated through the positive responses we received from all community professionals who provided us with their views about Mansard House. One of them told us, “I have worked closely with the Mansard House Team for two years and have consistently found them to be an excellent service. The service users on my caseload are really happy there and have made brilliant progress in terms of their recovery and re-integration into community life”

The registered manager told us that the home had become ‘first choice’ for many when looking to place people with mental health needs. We were told there were 14 people on the waiting list, who were hoping to gain a placement at Mansard House. The registered manager added, “This could not be achieved without excellent partnership working.”

People thought that staff had the skills needed to support them. Records showed that staff members completed competence assessments and a twelve week in-depth training programme at the start of their employment, which covered the common induction standards and modules, such as the company overview, confidentiality, discipline and grievance procedures, the code of practice, roles and responsibilities, line management support, fire safety, complaints, health and safety, infection control, moving and handling and safeguarding adults. This supported new employees to receive all relevant information about their role and what was expected of them whilst working at Mansard House. One member of staff commented, “My induction was massive! It covered everything.” Another told us, “My induction went on a few weeks. They wouldn’t let you do anything until you are safe to do it.”

Certificates of training were held on staff personnel files. These showed that the staff team had completed a wide range of learning modules, such as health and safety, infection control, fire awareness, safeguarding adults and moving and handling. The registered manager told us that the company had arranged a conference the following month to roll out the Care Certificate across the organisation. This is a nationally recognised training

programme for the care sector. Staff had also received a MAPPA (Multi-Agency Public Protection Arrangements) foundation training programme, which was around the management of risk.

A good percentage of the workforce had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) this year. Comments from staff members we spoke with included: “The training we get really motivates us to provide a very high standard of service for those who live at Mansard”; “We are always getting training. We get the training that fits in with people’s needs. We had one person diagnosed with diabetes and we got training straight away”; “We are well supported all the time. You can request any training” and “We have handovers every day and there are meetings all the time.”

The registered manager told us, “We (Mansard House) go above and beyond to ensure our staff team are highly skilled.” She told us the home sourced specific training when it was recognised that the staff team needed more knowledge to support a particular service user in areas, such as schizophrenia, bi polar, anxiety and depression. She said, “We have also completed distance learning courses on supporting people with enduring mental health needs, which was very in-depth.”

Records showed that the staff team were accredited to use the recovery star in various areas, such as mental health, drugs and alcohol. The registered manager told us, “This has enabled us to be innovative in the way we provide support, as the accreditation allows us to incorporate the outcome star into support planning, which ensures full service user involvement in an outcome focused way.” She also told us that she intended to take examples of their success to the next mental health providers’ forum, which involved MIND and the local commissioners, as this was something they wanted to see across the board in residential mental health services in the future.

We found that the staff team were very knowledgeable about the medical and psychological conditions of those who lived at Mansard House and were able to anticipate people’s needs well. The recovery star training programme had changed the way staff supported people, by assisting them to understand how to help people to focus on recovery and therefore greatly improve their daily life. This was observed during our inspection process.

Is the service effective?

Records showed that supervision and appraisals for staff allowed employees to discuss their work performance and training needs with their line managers at structured and regular intervals. These meetings covered areas, such as training needs, concerns, goals and expected outcomes. Staff members were also assisted through competency self-assessments, which involved professional conduct, administrative skills, working relationships, assessment and support planning and professional knowledge.

One community professional told us, “The Multi-Disciplinary Team, in collaboration with the staff team have been able to employ a level of carefully managed positive risk taking to work towards the potential of each individual. Each resident has involvement in the process of care planning and setting of realistic goal setting which improves self-esteem, confidence and motivation.”

Records showed that the home had recently been awarded a food hygiene rating of 5 by the local authority’s Environmental Health Officer, which is equivalent of ‘very good’ and is the highest level available.

People’s nutritional needs had been assessed and nutritional risks had been addressed. For example, one person who lived at the home had been diagnosed with diabetes mellitus. There were good risk assessments in place and a detailed plan of care, which showed blood sugar levels were monitored every week and very clear information was provided for the staff team in relation to

hyperglycaemia and hypoglycaemia. Where no specific nutritional needs were identified, there was action recorded to encourage general healthy options and regular weight monitoring.

Food regimes had been developed, which were personalised and effective in terms of meeting people’s choices and expectations, but it was also designed to support behavioural management and social inclusion. The staff team used innovative and effective ways to involve people with mental health needs in developing their abilities to understand the advantages of healthy eating.

People were encouraged to develop skills, such as food shopping, meal preparation and cooking, but at the same time they had plenty of opportunity to follow their own personal likes and dislikes, because not all meals were taken on a group basis.

People who lived at the home told us, “The food here is spot on. It is excellent. There’s enough to eat. It is good food. I get a choice and we have a menu system”; “The staff ask us what we like and try to accommodate our wishes. We take it in turns to cook. We take it in turns to clean. This all seems to work well” and “The food is brilliant here. You get options. You don’t have to have what’s on the menu. There’s plenty of food. We take it in turns to cook. I help to cook on Saturdays.”

Is the service caring?

Our findings

Everyone we spoke with who lived at the home told us that all the staff were very kind, compassionate and respectful. One person told us, “It’s excellent here. People here treat me with respect. I feel safe here.” Another commented, “I always feel safe here. I am always treated with respect” and a third said, “I have my own key to my bedroom. I have an en-suite shower and toilet. All residents have this. I wanted a fresh start. I can’t find fault with anything here. I hope to move to the top floor flat here some time, then move on to live independently. There is a plan in place for all of that. I run my own money. I would like to get on a plumbing course and I’m looking into this. I want night classes and the people here are helping me to try and sort this out. It’s working for me here. Everything is ok.”

We were told about the additional support one person had received following the death of his mother, which had affected his emotional status. People told us that care workers were polite respectful and protected their privacy. We observed staff approach people in a kind, patient and sensitive way. Staff chatted with people whilst passing them or assisting them with activities of daily living. Staff we spoke with were fully aware of the support people required and they had a good understanding of their specific needs.

We noted that privacy, dignity and independence were integral parts of the care planning process, particularly during the provision of intimate personal care and the promotion of people’s abilities.

People were well presented and looked comfortable in the presence of staff members. Interactions we observed between staff members and those who lived at the home were all pleasant, polite, friendly and unhurried. Staff expressed their genuine concern about individual people when talking with us.

Advocacy information was seen throughout the home and all staff we spoke with were aware of the role of an advocate. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Some people had accessed advocacy services to help them to make certain decisions, with support from staff members, if needed. Staff spoke in a respectful and caring manner about people they supported.

We perceived a ‘family house feeling’ throughout the day of our inspection, which permeated through all our observations and discussions with those who lived at the home, staff members and the registered manager. Everyone, both residents and staff clearly felt they ‘belonged’ to Mansard House. Everyone was working together to try to make sure that all those who lived at the home achieved a ‘good life’. All the people we spoke with quickly started to describe to us a real life that they were now living, with good staff support and they all felt that the staff team were genuinely ‘caring’ in all aspects of their work.

The service had introduced innovative and creative ways of helping people to express their views, so they understood things from their points of view. This was done by the service user led empowerment group, which was chaired by a nominated service user and which met regularly to discuss any topics of interest to the group. Agenda items included areas, such as menus, activities and sky TV. We saw records of these meetings, which requested feedback from the management team about certain areas and it was evident that some changes had been made, as a result of the feedback. Some people had also signed up to become ‘experts by experience’ for the company, which enabled people to be involved in the operation of the organisation, by obtaining people’s views and suggestions for improvement, which were then forwarded to the management team.

We were given a good example of the staff team going above and beyond their line of duty. Last year one of the people who lived at the home was at the end of their life. Throughout the illness staff often sat with her after their shift had finished and at the very end, visited her in their own time at the hospice. They also cared for her older father and teenage daughter by taking them essential items, such as bread and milk each day and often in their own time. One of the staff also helped her daughter prepare for her school prom, by doing her hair and make up for the event, which was just after the person passed away.



Is the service responsive?

Our findings

Comments from those who lived at the home included: “I go and see my family. They live in Preston. The staff drop me off”; “I have been here six years. My brother lives around here. He came last Friday. He comes for a chat” and “I have had no trouble here. I know about advocacy and where to find the complaint leaflets, but I have no need to use them. It’s good here. I would recommend it to anybody.” One person told us, “I am usually out quite a lot.” This individual then went on to tell us about all the places he visited and he evidently had a full social life.

Everyone we spoke with who lived at Mansard House explained to us very different regimes of daily activity and interests, which were all enabled by good staff support. It was evident that care and support was focused on individual need and people’s requirements were responded to in an effective way. For example, people were supported to attend college courses of their choice, to find employment or voluntary work and to fulfil their ambitions in life. One person had always wanted to live independently, but needed a huge amount of staff support to learn daily living skills. However, he had gained the ability and confidence to be able to move in to the self-contained flat within the home, with minimal support from the staff team. This was achieved by a good staff compliment and a dedicated work force, which strived to attain the best results for each person who lived at the home, on an individual basis.

We noted that a key worker system had been introduced. This was working well and enabled people to develop a trusting relationship with individuals who worked at the home. The key workers had been selected by those who lived at the home. They were responsible for responding appropriately to people’s needs and for writing monthly reports, with the involvement of those they supported, which included daily activities, participation in events and medical appointments.

Care records we looked at showed there was a long transition and introductory phase before people moved permanently to Mansard House. People were invited to visit the home initially, so they could meet residents and the staff team. Records showed that detailed assessments of people’s needs had been conducted before a placement at Mansard House was arranged. These were always done by the registered manager of the home. We noted information

was sought from a variety of sources during the assessment process including relatives, health and social care professionals. This provided staff with a clear picture of the care and support people required and therefore enabled the staff team to be confident they could meet individual needs. 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 using the service.

During the course of our inspection we ‘pathway tracked’ the care of four people who lived at Mansard House. This enabled us to ensure that people were receiving the support they needed.

The care records we saw focused on the whole life of people and contained a lot of detailed information under the headings of, ‘What makes me happy’, ‘What makes me upset’, ‘What I enjoy doing’, ‘How to support me’, and ‘What is important to me’. This helped the staff team to get to know those in their care. A one page profile was available in all the care files we saw. These contained good person centred information.

The plans of care we saw were very detailed, well written, person centred documents. They included people’s personal history, important relationships and wellbeing. They had been written in a way that promoted independence and choice with the full involvement of those who used the service, allowing them autonomy and empowering them to live the life they chose. Minutes of regular Care Programme Approach (CPA) meetings were seen, which showed that decisions were made using a multi-disciplinary approach to care, which included the individual who used the service. One community professional wrote on their survey form, “Mansard House is capable of providing a package of care which is both person centred and responsive to both need and risk.”

A system, known as the ‘Recovery Star Model’ had been introduced, which was all about people with mental health conditions working towards their individual goals and having hope for the future. The tool was used to support people to create their own wellness recovery action plan, to set out their goals and to identify what help they needed to achieve them, what helped keep them well and what put their mental health at risk. The tool helped people to take control of their lives, to priorities their goals and to make decisions about their care and treatment.



Is the service responsive?

Those who lived at the home were supported to develop action plans which focused on their identified goals and which were incorporated in to the care planning system. Specific training for staff had been provided to help them understand the recovery star model of care. Those who lived at Mansard House were encouraged to write comments against each one of their own care plans. This helped to ensure all aspects of need were covered. People's comments included, 'I am feeling happy about the future'; 'I am trying hard and I feel good' and 'I think this plan is bang on.'

The care plans had been reviewed regularly and any changes in circumstances had been recorded well. They contained a good level of detail about people's preferences, wishes and social history, providing the staff team with clear guidance about people's needs and how these needs were to be best met. They outlined early warning signs and later warning signs for those whose behaviour challenged the service. This helped the staff team to recognise and anticipate the level of diversion required in order to prevent a possible volatile situation.

We saw some good examples of people being supported towards independent living, through learning new skills, such as cooking, laundry and budgeting. There was evidence of some good outcomes for people through good care delivery. For example, one person with very complex needs had been supported to stay well, crime free and away from drugs and alcohol for several years. Social inclusion was seen as an important part of people's lives at Mansard House and this was covered well in people's plans of care. People were encouraged to take part in local community events, such as coffee mornings and fayres.

Information was incorporated in to people's care plans about preferred activities and pastimes, as well as preferred daily routines. Weekly activity planners outlined how staff needed to support people with preferred meaningful activities, which they enjoyed. There was much evidence available to show that people were supported to engage in their preferred activities and pastimes of their own choosing. At the time of our inspection people were undertaking various activities, including gardening and fishing. Several people were out at work or college. We saw that through the empowerment meetings people who used

the service had taken control of the group activities programme and were being supported by the registered manager to research, source and arrange trips out, in accordance with people's preferences.

We asked those we spoke with if they were supported to maintain their hobbies and interests whilst they lived at the home. These are the responses we received: "I enjoy pool and dominoes. I go to a club nearby and staff come with me. I also go in the car to Longridge"; "I like reading true stories. I get books from a bookstall"; "I joined a local history society for Lancashire local history. I am attending college. I also attend martial arts, weight training, jogging and swimming. I want to get my cycling proficiency award. I have a gardening job to go to" and "I go cycling, swimming, to town to meet friends and I do charity work. I love football. I have a season ticket for Preston. We go with staff who help to support us."

Evidence was available to demonstrate that when someone moved into Mansard House, they were actively supported to consider all aspects of community living, which included both leisure and work related activities. They were supported to find purposeful voluntary jobs that could lead to employment. Some attended colleges and night classes, which provided them with an education. The home demonstrated a clear balance of risk management and confidence building through the graded steps taken from staff support to independent attendance. The registered manager was able to give us several good examples of this: One person regularly travelled on two buses to visit his sister in Accrington. His key worker supported him with this until he was confident to do the journeys independently.

Two people who lived at the home were avid Preston North End (PNE) fans, who were supported to go to home games. Records showed that this was a huge step, due to them struggling in crowds. However, over time their confidence has grown and although they still required staff support, they were both now season ticket holders, attended all home games and got involved with club activities and promotions. The staff team also supported these two people to travel to Wembley to watch PNE earlier in the year. One person had been attending a local church and then helped to run a group organised for family members of people living with dementia. This had developed strong links with the church community.



Is the service responsive?

The registered manager advised us that people who used the service were enabled to take part in staff interviews and have a say in the selection of candidates. For those who preferred not to do this in person, they had been given the opportunity to add questions to the interview planning about things that were important to them.

We viewed a number of bedrooms during our inspection. We found these to be personalised with objects and pictures displayed that were clearly personal and important to those who lived in these rooms. This promoted individuality and maintained people's interests.

A comments, compliments, suggestions and complaints policy was in place, which was easily accessible for anyone who needed it and systems had been introduced for recording and monitoring any feedback in these areas, so that a clear audit trail could be followed. The policy could be obtained in several different formats if needed, such as picture illustrations, formats for people with hearing or visual difficulties and various languages. This provided everyone with the same opportunities to make a complaint, should they wish to do so.

Although Mansard House had not received any complaints, relevant forms were readily available within the home, so people could make a complaint without approaching staff members, should they wish to do so. There was also a process for recording verbal complaints which was considered good practice. This meant that people did not have to put complaints in writing. The ethos of the home demonstrated a team effort in providing everyone with an open and transparent approach to the overall delivery of the service, which enabled people to talk about any areas of concern without any fear of reprisal.

Each step of the complaints process was clear, which enabled a distinct audit trail to be followed. People we spoke with told us they would not hesitate to make a complaint, should they need to do so. Staff members we spoke with told us they would know how to handle a complaint, should they need to do so. Policies and procedures were also in place, which highlighted the importance of equality and diversity. This helped to ensure that everyone who lived at Mansard House had the same opportunities irrespective of their diverse needs. One community professional told us, "My client has never a bad word to say about Mansard House. He always looks happy enough."

A 'staying well' notice board was prominently displayed within the home, which provided contact details for the head office, the Care Quality Commission and the local advocacy services, should anyone wish to raise concerns outside the home.

The registered manager told us, "It (Mansard House) runs like a big family home. We try to encourage people to take responsibility for their own bits to help them towards independence." One person had added to their plan of care, 'My keyworker has helped me to talk things through and my confidence is good. When my anxiety comes staff will always listen and provide help.' A member of staff was overheard arranging the evening meal with one person, as he was going out and would not be back in time to eat with his fellow residents.

Is the service well-led?

Our findings

One relative we spoke with told us, “They (the people who lived at Mansard House) couldn’t be in a better place. The manager is brilliant. The staff are marvellous. The staff can’t do enough for the people who live at Mansard House.” Another commented, “I would give it 100% and more. The staff are wonderful. I think it is the best set up I have ever seen in my life. It is superb.” A third said, “The staff are very supportive. It has been a good placement for (name removed). We have never had any issues with Mansard.”

Everyone we spoke with who lived at Mansard House had nothing but praise for their home, the services provided, the staff group and the management team. One person told us, “Everything is spot on. It’s brilliant here. I have no complaints at all and I don’t think anyone else has either. The food is superb, the staff are great, my room is just right and the manager is fantastic. What more can we ask?”

On the day of our inspection the registered manager of six years was on duty. She assisted us throughout the day. We were made very welcome by everyone involved in the inspection process. We asked for a range of records and documents to be provided. These were produced quickly. Records were retained in a secure manner, which maintained confidentiality in line with data protection guidelines and the policies and procedures available at the home.

We found the registered manager of Mansard House to be very enthusiastic. She managed the care home in a proactive manner and we saw that she anticipated people’s needs very well. She told us that she conducted periodic unannounced night checks to ensure the night shift was running smoothly.

A business plan had been developed for the current year, which highlighted how the service planned to move forward and how continuous improvements were to be maintained. For example, the organisation was committed to staff training and ensuring people received the care and support they needed through positive person centred support planning. A quality management system had been introduced by the organisation. A structured approach was adopted for the assessing and monitoring of the service provided. Regular internal audits covered areas, such as health and safety, staff personnel records, medications,

care planning and infection control. Action plans had been developed to address any shortfalls identified. The registered manager told us that all staff had the responsibility for auditing certain areas of the assessment and monitoring process. This encouraged the staff team as a whole to become involved in the operation of the home.

Records showed that regular visits were conducted by a company representative, following which a report was generated with the findings. Monthly audits conducted by the area manager covered topics, such as the experiences of service users, record keeping, capacity and consent, nutrition, health and safety, medication and complaints. We found that any areas in need of improvement had been identified and appropriately addressed.

Prior to our inspection we examined the information we held about this location, such as notifications, safeguarding referrals and serious injuries. We noted we had been told about things we needed to know in accordance with The Care Quality Commission (Registration) Regulations 2009.

The home had been accredited with external quality awards, which meant that independent professional organisations periodically audited Mansard House to determine the standard of services provided. In the last three years the home had also won several internal company awards, such as ‘Team of the Year’, ‘Inspiration of the Year’ and ‘best financial management’. In the last year Mansard House has become accredited users of the ‘outcome star’ and had totally updated support planning methods, in order to fully incorporate this innovative scheme for people with mental health needs. The registered manager told us, “This is something the commissioners are wanting to roll out across the board for mental health services in Lancashire and we are ahead of the game. I know this from attending the ‘Insight forum’ where it is currently the ‘hot topic.’”

Staff confirmed they were supported to raise concerns on a daily basis, which had created an open and responsive culture. Any issues raised by staff were discussed at the handover sessions and recorded in the handover book, when a solution would be decided. This helped to ensure concerns were dealt with promptly and prevented them from escalating out of control.

Records showed that empowerment meetings for those who lived at the home were arranged every two weeks.

Is the service well-led?

These were service user led, attended by service users only and enabled people to get together and discuss any topics of interest or concern. The minutes seen showed areas, such as SKY TV, activities and menus were discussed. We noted changes which had been introduced as a direct result of lessons learned and through the empowerment meetings.

They also highlighted areas where the meeting requested a response from the management team and subsequent action taken. We saw some people who lived at Mansard House had 'signed up' to become an Expert by Experience within the organisation, which would enable them to audit other care facilities owned by the company. This demonstrated that people's views were important in the operation of Mansard House.

It was evident that the visions and values of Mansard House were based around empowerment. This was demonstrated by people being encouraged to add comments to their own support planning documents, using the best practice 'outcome star' methodology and by people confirming they were listened to and were able to make decisions about the operation of the home. The registered manager told us that the ethos of Mansard House is around, 'No decision about me without me' and 'the right support at the right time', which she fully believed was supported by those who lived at the home, their relatives, the staff team and visiting professionals. This was supported by the consistently positive feedback we received from everyone we spoke with.

Regular meetings were held for the staff team. This enabled any relevant information to be disseminated across the workforce and allowed open discussions about any areas of concern or any scopes of good practice.

It was evident the home had established a wide range of links with the local community through the voluntary work, employment and leisure activities, which people who lived at Mansard House were involved in.

We established that surveys for those who lived at the home, their relatives and staff members were completed annually. This meant that people were encouraged to submit their views about the service and facilities provided. Feedback had also been sought from some community professionals. One of these people wrote, 'I was really impressed with the model of care and staff understanding

of this complex set of service users.' Responses seen from the different groups of people were all positive. The results of all surveys were produced as overall percentages, for easy interpretation.

A wide range of written policies and procedures provided staff with clear guidance about current legislation and up to date good practice guidelines. These covered areas, such as safeguarding adults, whistle-blowing, privacy and dignity, health and safety, fire, discipline and grievance, complaints, the MCA, DoLS, infection control and advocacy.

People we spoke with all thought the registered manager had a very visible presence in the home and everyone felt comfortable and happy to approach her with any concerns they may have had. We observed this at the time of our inspection.

Comments we received from community professionals who responded to our request for their views about the service provided included, "My experience of Mansard House has been very positive. I've found the manager to be open and friendly. Assessments have been completed in a timely way" and "I feel the staff team provide an outstanding service for their residents. The management appears to be consistent, effective and efficient. The house is clearly a home to those who reside there."

We received consistently positive feedback from staff members about the registered manager. They all described her as approachable, but very effective too. One said, "She is really good at keeping people safe and secure and making sure everyone is happy." Other comments included, "This has been my favourite job ever. I love coming to work. It is such a good atmosphere";

"We have a great manager" and "It is an excellent management team."

The registered manager explained to us that Mansard House operated on 'family values', in which the staff team tried to provide genuine care and support for people who may not have experienced this before in their life time. We found the manager had an excellent work related attitude and she demonstrated exceptional leadership qualities.

The registered manager told us, "My area manager is marvellous. I think all the staff team at Mansard House feel valued. We won three company awards and it is nice when I am asked to share my knowledge around our company. There are two senior staff members here, who give strength

Is the service well-led?

and depth to the management team. I take my staff with me to many meetings, in order for them to absorb and share knowledge with the various people and professionals we meet. I really value all my staff. In terms of our past success, we think carefully about fitting in new people. We

consider existing residents first and of course our staff are always respectful to residents. Finally, we have genuine residents' meetings to enable dispute resolution. People really do feel empowered here at Mansard House."