

Potensial Limited

Mansard House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The Inspection took place on 15 February 2018 and it was unannounced. At the last inspection on 22 June 2015, the service was rated good overall with an outstanding rating for responsive. At this inspection the service was rated as outstanding overall with all five domains also being rated as outstanding.

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

The service is registered to care for up to ten adults who have mental health conditions, a learning disability or autistic spectrum disorder. There were ten people who lived at Mansard House when we inspected, who had mental health conditions.

There was a registered manager in post, who was present at the time 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.

Mansard House is a three storey dwelling located in a residential area of Preston close to the city centre. All bedrooms are of single occupancy with en-suite facilities. These are tastefully decorated and furnished to meet the needs and wishes of each individual who lives at the home. The communal areas are pleasant and well maintained. Public transport links are within easy reach and on road parking is permitted directly outside the home. A variety of amenities are within easy reach, such as pubs, shops, supermarkets, churches, a post office, leisure centre and newsagents.

The regulated activity for this service is accommodation for persons who require nursing or personal care. However, nursing care is not provided at Mansard House.

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. Training was also provided specifically around the needs of people who lived in Mansard House. Staff members we spoke with were knowledgeable about the needs of those in their care.

Records showed the staff team completed an exceptionally wide 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.

The home had introduced a well-researched and evidence based system for the planning of people's support. This produced exceptionally detailed assessments of people's needs, which had been completed before a placement was arranged. The planning of people's care and support was extremely person centred, providing staff with clear guidance about people's needs 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 completed, 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.

The home had introduced creative ways of supporting people with healthy eating and with learning independent living skills, such as meal planning, food shopping, cooking and computer skills. This helped those who lived at Mansard House to prepare for their future, when they were able to step down from residential care and support.

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 an extremely kind, gentle and friendly manner. They were polite, compassionate and committed. People were supported to maintain their independence and were relaxed and comfortable in the presence of staff. They spoke extremely positively about the service and how staff had made them feel empowered and fully motivated to succeed in reaching their goals.

People were supported to express their views and supported 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 or wellbeing. 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 restrictions being placed on their freedom.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Equality, diversity and human rights were consistently considered and strategies implemented to promote anti-discriminatory practices. We observed the daily routines and practices within the home and found people were treated equally and their human rights were constantly being respected.

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. There was a detailed record of the actions taken and included lessons learned to reduce the potential of any future risks.

A contingency plan provided staff with clear 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. Detailed medication audits were in place and staff had completed training, as well as regular competency assessments.

Clinical waste was being disposed of appropriately and infection control practices were good. The home

was found to be safe. People were involved in meal planning, shopping and cooking. They were able to eat whatever they preferred, although healthy eating was also encouraged. A range of bespoke individual activities were provided and outings to local places of interest were arranged.

We found that Mansard House was constantly striving to improve and to look for innovative and creative ways to move the service forward. We found many distinctive characteristics of 'outstanding' evident. This was echoed by the consistent positive comments from those who lived at the home, the staff team and external professionals, of which feedback was sought from a considerable number. Evidence was also available to show the home maintained sustainability over long periods of time and had continued to make positive developments in all domains.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

This service was exceptionally safe.

Every opportunity was explored to enable people to manage their own medicines.

People were enabled to make informed choices about risk taking to maximise control over their lives.

There was a genuinely open and transparent culture. Staff were fully committed to reporting incidents and learning lessons when things went wrong.

The ethos of the home focussed entirely on the safety and well-being of those who lived at Mansard House.

Is the service effective?

Outstanding 

This service was exceptionally effective.

Some people were involved in providing training modules by sharing first hand experiences with others.

People were supported to take part in the recruitment of staff and they had an influence on the outcome of staff appointments.

People were supported to enjoy a meaningful lifestyle, without any restrictions being placed on their freedom.

People were involved in preparing their individual menu choices. Creative systems were in place to support people to live a healthy lifestyle, including good nutrition.

Is the service caring?

Outstanding 

This service was exceptionally caring.

There was a strong, visible person-centred culture. The staff team was highly motivated. Care and support was offered in a compassionate way and staff demonstrated a real empathy for

those in their care.

The service had introduced creative ways of helping people to express their views, so staff 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.

Some service users 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. These were then acted on by the management team to ensure the recommendations were implemented.

Everyone felt they 'belonged' to Mansard House and people were supported to achieve an 'exciting lifestyle'. People felt the staff team were genuinely 'caring' in all aspects of their work.

Is the service responsive?

Outstanding 

This service was exceptionally responsive.

Support plans we saw were extremely well written, person centred documents. These provided individuals and staff with very clear guidance about assessed needs and how these needs were to be best met.

The 'Recovery Star' was used in the most effective way. It was creative and was embedded throughout all aspects of the service, which empowered people to plan for their recovery, with the support of the staff team.

People who lived at Mansard House were at the centre of all practices adopted by the home. This had a huge positive impact on people's daily lives, which enabled them to encounter experiences they had never imagined.

Is the service well-led?

Outstanding 

This service was exceptionally well-led.

The visions and values of Mansard house were imaginative and these were built in a creative way around those who lived at the home.

The staff team embraced everyone who used the service. They showed genuine commitment and dedication towards those who lived at Mansard House. Every staff member was proud to

work at the home.

This outstanding service was managed by a genuinely compassionate leader, who continued to develop her own skills, whilst supporting the staff team to embark on new learning experiences.

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 15 February 2018 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 supporting family members to access health care facilities and had cared for an adult with mental health issues. They had also been an Independent Mental Health Advocate. An advocate is an independent person who supports people to make decisions, which are in their best interests. The role of an expert by experience during a CQC inspection 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 there were ten people who lived at Mansard House. We were able to speak with eight of them. We looked at four care files and 'pathway tracked' the care of two people who lived at the home. This enabled us to determine if people 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 also able to speak with three members of the staff team and the registered manager of the home during our inspection.

We toured the premises, viewing with permission a number of bedrooms and all communal areas. We observed the day-to-day activity within the home. 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 two members 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 the provider had sent us and we asked local commissioners for their views about the service. We also requested feedback from 14 community professionals, such as medical practitioners, community

nurses, mental health teams and a dentist. We received seven responses, which all provided us with very positive information.

The Provider sent us their Provider Information Return (PIR). A PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We used a planning tool to collate all this evidence and information prior to visiting the home.

Is the service safe?

Our findings

Everyone we spoke with who lived at the home told they felt safe being at Mansard House. Their comments included; "Safe? Yes. Staff are here 24 hours. They're there for me if I need them"; "Definitely safe. The staff are spot on. They are brilliant"; "I like it here. It is great"; "There are no sharp knives in my flat. I have to come downstairs for one and get it from staff from a locked cupboard" and "I feel safe here because I've got my friends here [Some other fellow residents were named]."

During our visit, we spent time in communal areas with people who lived at the home. This helped us to observe the daily routines and gain an insight into how people's care and support was being managed. People were clearly very comfortable in the presence of staff members. We observed the staff team to have exceptional skills around working safety and protecting people from harm.

We established that people who moved into Mansard house had experienced difficult and challenging lifestyles. The aim of the home was to provide them with stability and the opportunity to live meaningful and enjoyable lives. It was clear the staff team welcomed them into the family of Mansard House and gave them confidence to believe in themselves and to respect others. This inclusive approach promoted the safety of everyone who used the service.

A 'staying safe' notice board was prominently displayed within the home, which provided people with good information about how to keep themselves and others safe and free from harm. During our discussions with people who lived at Mansard House we established they were kept 'safe', in the sense of knowing they would tell someone if they felt their safety was being compromised. We noted that health and safety and infection control champions had been appointed from the staff team. This helped to ensure people were protected from harm. .

We were told staff briefings were undertaken. This was an opportunity for staff to discuss challenging situations and behaviours and how best to manage these safely. Staff we spoke with told us they were actively encouraged to be open and honest about their feelings and views. This helped to reduce stress levels and made the staff team feel extremely valued and supported, so that people who they provided care for received a positive and professional response.

We identified that Mansard House had an established and settled staff team, who were well trained, confident and knowledgeable. This helped to ensure those who lived at the home were protected from harm.

The policies and procedures of the home highlighted the importance of equality and diversity and protecting people from discriminatory practices. All staff members had attended training in these areas. This helped to ensure everyone who lived at Mansard House had the same opportunities and were treated equally irrespective of their diverse needs.

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 registered manager could easily identify any themes or recurring patterns. However, none had been reported since our last inspection. Staff we spoke with knew what action they needed to take, should they be concerned about the safety of someone in their care and all had absolute confidence in approaching the registered manager. They were totally confident she would address any concerns raised.

One person who lived at the home, despite many difficulties in their life had been supported to get involved in a specialised protection against self-harm course, later contributing to the teaching and learning of the staff teams within the organisation. This person wrote a poem about self-harm for the training provider, who recognised their contribution and asked if he may use the poem as part of his training courses around the area. The registered manager told us, "This did wonders for their recovery, as they could see they were now able to help others, who were either just starting the same journey or were well on their way to recovery. This is a great example of joint working and having (name) involved in this training has added so much value to the development of our teams and has increased our knowledge in best practices around mental health."

We looked at staff rotas and talked with people about staffing levels. We established the numbers of staff deployed at the home were flexible and calculated in accordance with the dependency levels and needs of those who lived at Mansard House. Where increased staffing was required for appointments this was facilitated by the home. This helped to ensure people were supported safely and effectively. There was an on call system in place that provided additional support for the staff team, if needed.

Each shift at Mansard House was covered by a nominated 'responsible person' and arrangements were made for the most suitable staff member to be paired with particular people at challenging times. This helped to reduce anxiety and difficult situations. Staff we spoke with were satisfied with the staffing levels at the home and confirmed these were completely flexible in order to accommodate the needs of those who lived at the home.

We found medicines were being managed in a safe and secure manner by a competent and well trained staff team, who had the knowledge and skills to administer medications safely. Effective systems had been adopted by the home, so that lessons could be learned if things went wrong. Detailed policies and procedures were in place and robust checks were conducted daily. This helped to ensure people were protected from medicine mismanagement.

The home had developed an innovative system, which supported people to become independent and to take control of their medicines using a five stage process. As people were supported to move through the stages from being totally dependent on the staff team for their medicines towards being completely self-reliant a multi-disciplinary approach was incorporated, which included the specific individual and others who had an interest in their well-being.

When we asked people about the management of their medicines, the responses we received included; "I take them [medication] twice a day. They are locked in my room. The staff have a key. I ask staff to come [when medicines are due], which they do straightaway"; "My medicines are always given to me on time"; "The system [for getting medicines] is brilliant. It works for my anxiety. I am more relaxed here. I have no anxiety" and "I am stable on my meds. Everything seems to be ok. I do self-medication. I have my own key to the meds box in my room."

Environmental risk assessments had been completed and were regularly reviewed. These covered areas, such as kitchen equipment, lone working, and 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.

During our tour of the premises we found the environment to be well maintained, clean and hygienic throughout. Infection control and health and safety policies were available for staff guidance. An electronic system had been installed, so that any changes to infection control legislation or guidance was highlighted. This helped to ensure the staff team were kept up to date with any changes in infection control practices. Daily, weekly and monthly cleaning schedules were in place and regular infection control audits had been conducted. Personal Protective Equipment (PPE) was available, should it be needed. This helped to promote good infection control practices.

The home had recently been awarded a food hygiene rating of 5 by the local authority's Environmental Health Officer, which is equivalent to 'very good' and is the highest level available. Records showed food hygiene training had been completed by all of the staff and a 'safe food better business' policy was in place.

Temperatures of cooked food and storage equipment, such as fridges and freezers were recorded. Colour coded chopping boards for different food items were in use and there was an electronic system that enabled the food standards agency to alert the staff team with any changes in legislation or good practice guidelines. This helped to ensure good food hygiene standards were being maintained.

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 crisis 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, which was for use in the event of an emergency situation.

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 clearly 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. The records we looked at showed people had been involved in fire drills and had demonstrated they would know what to do should the fire alarm sound.

Records showed that any risks and action required to keep people safe was extremely 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 related to people's care. We saw that support plans followed on from a risk management framework and potential risks were reflected accurately into the support planning process, with clear strategies of action being evident to reduce the possibility of harm.

Records showed that in some cases, people were assessed as being at extreme risk. However, this was very well planned for and there was external 24 hour emergency support available. Risk assessments around safety provided clear directions of the minimum emergency staffing levels, which must be on duty in relation to specific challenging circumstances.

All staff members had completed relevant training in PBS (Positive Behaviour Support) and the registered manager conducted drills on ligature releasing to ensure the staff team remained skilled, calm and competent, if this were ever to happen. The training provider from ligature release, who is a mental health professional helped to write risk assessments, emergency planning and associated policies to ensure all legal requirements and good practice guidelines were being followed. Support plans we saw contained very detailed person centred information around appropriate de-escalating techniques for each individual.

Each person who lived at the home had a missing persons profile which had information about their appearance. This would assist in identifying them in the event that they failed to return home.

'House rules' were issued to everyone who went to live at Mansard House. 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 this was facilitated by staff.

An accident and incident policy was in place at the home and these events were appropriately recorded 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.

The computerised system showed that actions were developed following any accidents or incidents and staff debriefing sessions were recorded with discussions of lessons learned for the staff team. For example, a new person to the home displayed being low in mood and began self-harming. An urgent multi-disciplinary meeting was called, which identified the reason for the person's actions and lessons were learned by the staff team of how best to keep this individual safe. Any information about accidents and incidents is then shared with senior personnel within the organisation. A reflective practice and lessons learned log had been introduced, so that discussions could be recorded when things went wrong and how things could have been done better.

The care files we saw included input from a wide range of community 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. Records showed that reflective practices and lessons learned were regular agenda items at staff meetings. This in turn progressed to discussions about moving the service forward.

We saw evidence of a very low staff turnover, which demonstrated a happy and settled staff team. This was confirmed by everyone we spoke with and was also noted through our observations. The staff files we looked at showed a safe recruitment procedure was in place. All required checks had been conducted and relevant documents had been obtained. A computerised 'traffic light' system was in place, which automatically identified when a DBS was due for renewal. This helped to ensure that only suitable staff were appointed to work with the group of people who lived at Mansard House. Where staff interviews had taken place in relation to sickness or poor practice we saw detailed records, which demonstrated topics covered, as well as arrangements to support staff in their role.

Is the service effective?

Our findings

When we asked people about their dietary needs one person told us about the exceptional support they received in order to meet their specialised dietary needs. They said, "It's good. I'm on a diet for diabetes. We look at labels when I go shopping with my key worker. I make my own meals now. I do stir-fries. I'm learning to cook more, so I don't need to microwave as much. If I get stuck [cooking] there'll be somebody to help." Another commented, "I've picked up cooking skills. At the moment I'm cooking from scratch, a great life skill that I'm learning here with the carers. I started on a healthy diet a week ago, which is going really well. I am enjoying it; no pizzas; chocolate; or [take away meals]. I'm eating things now I thought I'd never eat, like egg mayonnaise; boil in the bag fish; broccoli and new potatoes. All the staff help me with my new diet to keep my cholesterol down."

There was a strong emphasis on the importance of eating and drinking well. The staff team had received training in relation to nutrition and hydration, so they were able to advise about healthy eating and appropriate menu options. People's nutritional needs had been appropriately assessed and nutritional risks had been addressed. For example, one person who lived at the home had been diagnosed with diabetes mellitus. There were excellent risk assessments in place for this person and a detailed plan of care, which showed blood sugar levels were monitored every week. We saw very clear information was provided for staff in relation to the signs and symptoms of diabetes.

Bespoke food plans had been developed, which were personalised and effective in terms of meeting people's choices and expectations, but these were also designed to support people in healthier eating and to encourage socialisation. 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. For example, appropriate signage was clearly displayed in the form of 'eat well plates' and practical workshops entitled, 'Hidden sugars' and 'Mood foods' were set up for those who lived at the home and for the staff team. This helped the Mansard House family to recognise healthy eating options and also helped to support each other when choosing daily menus. One person told us they had lost a significant amount of weight due to being supported to eat a healthy diet and they commented, "I have remained sober and clean and I am very proud of myself."

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.

Where no specific nutritional needs were identified, there was action recorded to encourage general healthy options and regular weight monitoring. A report from a hospital consultant demonstrated a good outcome, as one individual's blood results were now normal and they were advised to continue with their healthy eating plan.

We noted that all those who lived in the home at the time of our inspection had been supported to reach the stage of planning their own meals, shopping and cooking for themselves, with varying levels of support from

the staff team. We established that a nutritional champion had been appointed from the staff team. This helped to ensure people were supported to eat healthy diets and to promote individual choices.

We discussed meal times with the registered manager. Those who lived at the home often needed to follow their own daily routine, due to work commitments, attendance at college, appointments or meeting people. Therefore, people ate breakfast and lunch when it suited them. They were able to make the food of their choice supported by the staff on duty, where necessary. Those who lived at the home dined together for Sunday lunch if they so wished, which people seemed to look forward to. This helped to prevent isolation and encouraged conversation. One person commented, "On a Sunday staff cook Sunday lunch at teatime. We're all together [staff and people who used the service] then, it's good. I like it." Another person told us, "They [the staff] really help me. I am on a really good diet now. I like cooking for myself. It is a big change, which has gone down well."

One person who lived at the home owned a scooter and often on Saturday morning would collect pies for everyone [service users and staff] from the local pie shop. Occasional evening takeaways were clearly a favourite amongst those who lived at the home. We established those who lived at Mansard House experienced a normal and fulfilled life style.

We saw a truly holistic approach to assessing, planning and delivering high quality care and support for those who lived at Mansard House. The registered manager and her team had thoroughly researched the positive effects of different approaches to care and support, and how this was best delivered. Evidence based techniques and technologies were embedded in the home through the use of the 'Recovery star model.' The recovery star was used to support people to create their own wellbeing recovery action plan, to set out their goals and to identify what help they needed to achieve these. It also identified what help was needed to keep them well and what put their mental health at risk. The tool had a massive impact on people, as they were learning to take control of their lives, to priorities their goals and to make decisions about their care and treatment. This helped people to work towards their individual goals at their own pace and to have hope for the future, which previously they had never experienced.

People who used the service told us about the support they received to access relevant professionals to support their needs. One person gave us a good example of staff supporting them to access medical assistance and to receive treatment. This person commented, "It all happened in a month. It was organised so well my anxiety didn't kick in." Another told us that their mental health problems had, "definitely improved since I've been living here. I've got a good routine. I go [to the GP'S] every six months. Staff remind me, but I go by myself."

The service clearly contributed to the development of best practice and good leadership with other agencies. Excellent examples of this involved people who used the service being fully supported to provide training in areas such as, self-harm, drug and alcohol abuse. The registered manager provided workshops in recovery focused practice for staff working in mental health services across the organisation. Her knowledge and commitment had been recognised and as such the mental health forum had approached her to deliver training to providers in the local area, in order to improve practices across the region.

We asked people about the support they received to access relevant professionals for their needs. Comments we received from those who lived at the home included; "I've built my confidence up whilst I have been here. It's really high now. I used to get a lift [when going out], but I go on my own now on the bus. I am very proud of what I have achieved whilst being at Mansard House"; "It is so relaxed here. It is unbelievable. Very, very relaxed. There's no bullying and no arguments between residents. Staff will ring up for you and go to the Doctors with you. I get regular checks at my GP's. Weight, blood pressure and stuff."

It was clear the service worked in partnership with other organisations. Community professionals told us that Mansard House was first choice for people who were discharged from the local NHS secure hospital. This was due to the consistent positive outcomes for people who had spent some time at the home. The methods used for recovery at Mansard House were widely recognised by other professionals and now had a proven track record. The staff at Mansard House had supported many people to move back into the community, where this was never expected, due to initial extreme risk factors.

The support plan we saw for one person showed they had been encouraged to attend a lot of therapy programmes to help them with addictions and the individual had learned to recognise temptations and how to manage such situations, in order for them to improve their daily life. For example, they were aware that pain could lead to alcohol abuse and therefore were aware of measures to take to avoid pain in an acceptable way. They were also able to recognise possible triggers in relation to their mental health and were now able to take appropriate action when feeling negative.

Detailed 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 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." This helped people to receive excellent support with 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 an emergency, such as personal details, 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.

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 [people who used the service] on my caseload are really happy there and have made brilliant progress in terms of their recovery and re-integration into community life."

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. 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 people's individuality. 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 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 Mansard House.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

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. No DoLS applications were required at the time of our inspection. However, staff we spoke with and the registered manager clearly understood the principles of the act and how this related to practice.

The registered manager told us the home adopted an open door approach and people were supported to make choices and to take informed risks and therefore experience the same opportunities as other people in the community around risk management. During our inspection we observed people accessing the community as they pleased throughout the day.

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 developed. These assessments continued throughout a person's stay at Mansard House.

Support plans we saw showed that people's mental health was recorded clearly for the staff team, which included historic triggers, early warning signs and later warning signs. Additional information was also recorded under the headings of, 'How would we know if you were becoming unwell?' 'What helps you to bounce back?' And 'What would help to create a better picture for you?' The responses to these areas were outcome based, which supported fully the ethos of the home around best practice management.

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. 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. Written policies and procedures were in place in relation to consent, choice, empowerment and risk.

People using the service were supported to take part in the recruitment of staff and they had an influence on the outcome of staff appointments, through questions asked and the staff matching process. This helped to ensure staff members were recruited who had similar interests of those who lived at the home. 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. This demonstrated a creative approach to enable everyone to be involved in the recruitment of staff. Although a wide range of mandatory training was provided for the staff team. Learning modules were also tailored around the individual needs of those who lived at the home, of which some training was provided by people who used the service for fellow people and the staff team.

People thought that staff had excellent skills needed to support them. Records showed staff members completed competence assessments and an in-depth training programme at the start of their employment. This covered the common induction standards and modules. New staff progressed through a 'shadowing' period, when they were mentored with a more experienced member of staff. This supported new employees to receive all relevant information about their role and what was expected of them whilst working at

Individual training plans and certificates of achievement were held on staff personnel files. These showed that the staff team had completed a wide range of mandatory learning modules, such as health and safety, infection control, first aid, fire awareness, safeguarding adults and moving and handling. Staff had also received a MAPPA (Multi-Agency Public Protection Arrangements) training programme, which provided learning around the management of risk.

We noted that bespoke face to face training had been provided for the staff team, in areas, such as personality disorder, managing mental health, drugs and alcohol and recovery focused practice. All members of staff had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw bespoke Dialectical Behaviour Therapy (DBT) training had been arranged for the staff team. This treatment is often used in personality disorders, but has also proved to be beneficial for symptoms of stress. The registered manager told us staff would learn about the benefits of DBT and how to promote its use with people who used the service who have previously used it. They told us staff will also learn the techniques themselves, so they can look after their own well-being, in relation to work related stress.

Records showed that the home had provided additional training specific to the individual needs for one person living in the home. This helped them to understand the complex needs of the individual and to ensure they were confident and knowledgeable in meeting their needs.

Records showed that the staff team were accredited to use the recovery star in various areas, such as mental health, drugs and alcohol. Staff we spoke with demonstrated their in depth knowledge about the recovery star training programme and how this related to the support they provided to people. This enabled the staff team to be innovative in the way they provided support, by ensuring full involvement of people in an outcome focused way.

We established that one person who lived at the home was scheduled to provide training for the staff team around drug and alcohol abuse. The organisation paid them for delivering this training. They told us about the topics covered in the training and how this related to the delivery of care to people. The registered manager told us, "This sort of information is invaluable and you just don't get it from training providers." This person who used the service was hoping to share their first hand experiences company wide, with the aim of it being their future career path."

Records showed that regular supervisions took place along with annual appraisals for staff. This allowed staff 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, confidentiality, acceptable boundaries, equality and diversity, timekeeping, attendance, presentation and whistle-blowing, administrative skills, working relationships, assessment and support planning and professional knowledge. This showed the organisation recognised the importance of continued development, competence and knowledge of staff, which was clearly an integral part of ensuring high-quality care and support was delivered for those who lived at Mansard House. This helped to ensure the staff team maintained a high level of professional conduct..

Is the service caring?

Our findings

Everyone we spoke with told us all the staff were very kind, compassionate and respectful. The comments we received included, "The staff are brilliant. They help me. They are really friendly"; "When my mum passed away the staff were very supportive. They came with me (to the funeral) and really helped me. I plan to stay here for another couple of years and then I hope to get my own place. I was locked up for 14 years. I find it so relaxing here [registered manager] is brilliant. She will help you with anything"; "Staff understand me. They help me. They don't show favouritism. This is a well-run place. My key worker is fantastic"; "Staff are there straightaway for you. They will stop what they are doing to listen. I will be sad to leave" and "I had choice of my Key Worker. She's good. She takes me food shopping, I can have a laugh with her."

One person we spoke with told us about their experiences in the care they received, "Everyone gets on well. It's very safe here. I have never seen any arguments - not one bad word. They (the staff) don't lord it over you. If there is a rule, they explain it to you. I can't praise it (the home) enough. It has been life changing for me. This is the longest I've been sober and clean. My first goal is to do a year. I have done eleven months already. I can't put a value on that. I've been in care, hostels, prison, other supported accommodation and rehab. This place isn't an institution. It is the best place I've ever been. There is zero tolerance here on drink and drugs. Now, through it all with support, which is incredible support 24/7, I've not been aggressive and not involved in any crime."

Equality, diversity and human rights were consistently considered and strategies implemented to promote anti-discriminatory practices. We observed the daily routines and practices within the home and found people were treated equally and their human rights were constantly being respected.

Records showed those who lived at the home and the staff team had been actively involved in regular workshops. These covered making informed decisions, healthy eating for diabetes, mental health and strength based practice workshops for promoting positive culture and five steps to well-being. Everyone who lived at the home had a 'staying well' support plan in place and reflective practice records, which stated, 'good practice is not doing things for (name), but it is about helping people to take control.'

Records were retained in a secure manner, which maintained confidentiality in line with data protection guidelines. People told us care workers were polite respectful and protected their privacy and dignity. We observed staff approached 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.

A dignity champion had been appointed from the staff team. This helped to ensure people were treated with respect. 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.

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, community professionals

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 style. Everyone we spoke with who lived at Mansard House describe how their life had been turned around by the unwavering support of the staff team. They referred to Mansard House as their home and everyone felt the staff team were genuinely 'caring' in all aspects of their work.

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 who had previously lived at the home had been supported to access advocacy services to help them to make certain decisions. Staff spoke in a respectful and caring manner about people they supported

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 person who used the service and which met regularly to discuss any topics of interest to the group. Agenda items included areas, such as menus, activities and TV packages. We saw records of these meetings, which requested feedback from the management team about certain areas. It was evident that positive 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. These were then forwarded to the management team to enable positive improvements for the experience of people who lived in the home.

The registered manager and staff on duty on the day of our inspection were somewhat amazed, when one person who lived at the home asked to speak with us. This person was slowly gaining confidence in everyday living tasks, but had never asked to speak with anyone previously. They wanted to tell us how satisfied they were with the care and support they received from the staff team.

Everyone who lived at the home had some form of work or were undertaking some type of education, everyone is now able to plan meals, shop and prepare their own meals, two have stopped smoking, one had moved into their own flat and three were preparing for independent living later this year, one had passed the CBT (Compulsory Basic training) and owned their own moped and another was taking driving lessons. These examples of achievements demonstrated positive outcomes for people who lived at the home.

We were able to see some exceptional examples of how people who were at the home during our previous inspection had flourished and grown in confidence through the recovery star system. Some people who lived at Mansard House had experienced years of hospitalisation, often being detained under sections of the mental health act. Three of them, who on admission to Mansard House had been totally dependent on staff for emotional and psychological support had improved to such a degree that they were planning an independent lifestyles within the community living in their own flats. The service had a system in place to ensure that when people reached the stage of independent living, support continued in the community in accordance with individual needs until they were able to manage without regular support, although they were aware they were able to contact staff at Mansard House at any time, as this was their family home.

One community professional wrote on their feedback to CQC, 'I find this service cares for our patients very well and [they] keep myself updated with any developments or issues appertaining to our cohort of service users. The staff are of a high calibre and well managed by the [registered] manager. They are always welcoming and I find very nurturing in their approach to the more vulnerable in the home. The care is person centred and care plans are up to date with regular reviews with the MDT (Multi-Disciplinary Team) held at Mansard House. The staff support the service users well in promoting independence and accessing the community. They are also extremely vigilant around safety and safeguarding.'

Is the service responsive?

Our findings

Comments we received from those who lived at Mansard House about the detailed and comprehensive activities they engaged in included, "They [the staff] give you options. I'm going to start voluntary work. I'm prepared to do that now to give them [the home] something back for not forcing me"; "If I want to look at my care plan I can do. I talk to [key worker]. I'm happy with my care plan"; "Me and my key worker sometimes go to Moor Park for a cup of coffee. She comes and watches me in regional competitions of Taekwondo" and "They're [the staff] great. They've helped me with my journey in life; computer; tablet and phone. All sorts of ways."

One person told us two people who used the service were going to a PNE [Preston North End] evening away game at Aston Villa in the coming week, with two care workers. They said, "We're going by car rather than a coach. We can come off the motorway whenever we want then it will be a nice steady walk to the ground. The care workers are brilliant." they also told us about a time when they were supported by staff to attend a play-off final at Wembley stadium in London it was clear this was still a very powerful memory for this individual who talked to us with pride and excitement.

One person who we spoke with told us he was supported to maintain relationships with his family and his girlfriend. He commented, "My mum and dad come up from London. They stay in a hotel and visit me. I have a girlfriend who used to live here. She's looking for somewhere near here to live. I talk to her most days on the phone and she visits me here. We go up town shopping and for something to eat." Another person told us they attended a local gym four times a week, a social group once a week and visited relatives regularly. This person commented, "I use taxis or I get the bus. I keep myself busy. I do voluntary work too – at a garden centre." This person told us they were supported by staff to make the necessary arrangements. They added, "I organise things myself, but staff are there if I need any help, or if I am not sure about anything. They are great."

Everyone we spoke with who lived at Mansard House told us about their exciting lifestyles, which were all enabled by excellent 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 strived to live independently, but required high input from staff to support them to learn daily living skills. It was clear this person had been supported proactively to achieve their goal and were living independently in a self-contained flat in 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 saw some good examples of people being supported towards independent living, through learning new skills, such as cooking, laundry, budgeting and computer skills. There was evidence of some good outcomes for people through good care delivery. Social inclusion was seen as an important part of people's lives at Mansard House and this was covered well in people's support plans. People were encouraged to take part in local community events, such as coffee mornings and fayres.

As many of those who lived at the home had been transferred from long stay hospital placements, where they had no access to modern technology or the internet, they had little idea about safety risks whilst using the internet and various social media sites. Therefore, workshops are provided at Mansard House which support people to learn about the use of technology and which educate people about internet awareness, maintaining safety of themselves and personal information, social media sites, dating sites, purchasing, cyber bullying and email scams. This helps to protect people from harm. Those who live at the home have access to a full range of technology, which helps them to maintain contact with friends and family and enables them to experience a conventional life style.

The registered manager was able to share with us some other impressive success stories. For example, one person who we pathway tracked had been detained under the mental health act for nine years prior to admission to Mansard House. The records of this person showed how they presented on admission to the home and how they had been supported by the staff team, to help them gain confidence, to enable them to travel on public transport independently and to learn basic life skills, until eventually they had gained paid employment and voluntary work in the community, which provided them with a life style they had never previously experienced and had never expected.

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 for themselves 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.

Each person had a support plan in place in relation to trust and hope and specific training for staff had been provided to help them understand the recovery star model of care. Staff members we spoke with were fully conversant about how the recovery star model worked and the positive impact it had on people's individual lives. We were told that the registered manager was actively involved in providing recovery star training to other mental health providers, in order to promote this method of approach to recovery.

The registered manager had designed a very thorough holistic assessment, which was part of the commitment to being recovery focussed. It was drawn up in accordance with the ten domains of the recovery star, which had been developed in line with current best practice. This assessment of peoples' needs was clearly strength based and was conducted before a placement at the home was offered; this helped to ensure the staff team were confident they could meet the needs of each person who lived at Mansard House. A designated member of staff was then appointed to manage the staged admission process. This helped to ensure a smooth transition for those who moved into the home.

The information gathered from the recovery star during the admission process was then transferred straight over to the associated support plans, so the service user and staff had achievable outcomes to work towards from day one. The support plans we saw produced regularly reviewed meaningful outcomes for people throughout their entire placement at Mansard House.

During our inspection we looked at the support plans of four people who lived at the home. These were divided into sections; current situation; expected outcome; actions and evaluation. Each area was detailed, comprehensive and included all the information required to support people's individual needs. The service was proactive in ensuring people were moved into the service safely. There was a long transition and introductory phase before individuals moved permanently into Mansard House. People were invited to visit the home on a gradual process to enable them to meet those who lived there and the staff team. During the transition period people were supported in their own time to thoroughly explore the facilities and services

on offer. This enabled prospective people who used the service to ensure Mansard House was right for their individual needs and preferences.

Care records showed that extremely detailed assessments of people's needs had been conducted before a placement at Mansard House was arranged. These were conducted by the registered manager of the home and included ensuring staffing resources were available to meet their needs. We noted information was also sought from a variety of sources during the assessment process including relatives, friends and health and social care professionals. This provided staff with very detailed picture of the care and support people required along with their preferences and wishes. This enabled the staff team to be confident that they could meet people's individual needs. This approach ensured there were effective systems in place to maintain the safety and well-being of people who used the service.

During the course of our inspection we 'pathway tracked' the care of two 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 comprehensive and detailed information under the headings of, 'What makes me happy', 'What makes me upset', 'What I enjoy doing', 'How to support me', 'What people admire about 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 about how to support people's individual needs.

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 people's 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, with their beliefs being fully respected.

One person who lived at the home had recorded under the support plan for mental health, 'I am rebuilding my life. I am learning to effectively manage my mental health.' Another person had written on their support plan for physical health and self-care, 'I now attend appointments independently and feel confident in doing so. I am also proud that I have lost over a stone in weight, as that will help to lower my blood pressure. I've joined a gym and I will continue to try to lose more weight and chose healthier drinks.' This demonstrated the proactive approach to people's care that the service embraced.

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.

Those who lived at the home were supported to develop action plans which focused on their identified goals. These were incorporated in to the care planning system. Those who lived at Mansard House were encouraged to write comments against each one of their own care plans. This demonstrated that plans of care had been developed to embrace people's choice and achievements for positive for them.

A computerised system had been installed to alert staff when a support plan was due for review. We saw evidence was available that demonstrated support plans had been updated with detailed information when people's circumstances had changed. Support plans outlined signs and triggers for when people's behaviour changed and how to manage these safely. This helped the staff team to recognise and anticipate the level of diversion required in order to prevent a possible volatile situation.

The records of people's daily events were also computerised and written in accordance with the ten domains of the recovery star system. Each day outcomes were recorded to identify how people were progressing in order to achieve their goals. This information was then taken in to consideration during any

reviews, so that clear pathways could be created for each individual. Since implementation of the recovery star system all except one person had been supported to self-medicate or were working towards this goal.

Information was incorporated into people's support 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. Records demonstrated the exceptional approach the home had adopted to support people to engage in their preferred activities and pastimes of their own choosing. At the time of our inspection people were undertaking various activities. 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. A notice board clearly displayed upcoming activities and events which had been arranged, so that people could consider if they wished to take part.

The policies and procedures of the home demonstrated that people were protected from discriminatory practices, irrespective of their beliefs, gender or race. 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. Staff were proactive in engaging people to attend social inclusion groups, find purposeful voluntary jobs that may lead to employment. Some people attended college and night classes, which provided them with an education. One person had commenced a creative writing course, which they found thoroughly enjoyable. Others were attendees at local churches and peer support groups. The home demonstrated a clear balance of risk management and confidence building through the graded steps taken from staff support to independent living.

A journal had been designed to publish success stories and inspirational moments. This showed that two people who lived at the home were avid PNE fans, who were seasonal ticket holders and had been supported to travel to Birmingham to watch their beloved team play. Records showed that this was a huge step in engaging and building confidence with large crowds of people. Records demonstrated that staff supported them to be regular attendees to the matches and were now season ticket holders. We also saw one person had taken part in a 'cycle against stigma' event, as part of mental awareness week. Following the event this person was confident enough to give a TV interview, which was a very significant milestone for them due to the stigma associated with mental illness.

The minutes of meetings for those who lived at the home showed full attendance. The minutes highlighted and praised people's individual achievements. For example, one person had gained a red belt in taekwondo, another was doing well stopping smoking and a third was progressing well with driving lessons. These people would never have expected to be able to achieve such goals when they first went to live at Mansard House.

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.

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.

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.

People we spoke with told us they would not hesitate to make a complaint, should they need to do so and staff members we spoke with told us they would know how to handle a complaint, if necessary.

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.

Is the service well-led?

Our findings

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. Comments we received included; "The [registered] manager is spot on. Very easy to approach"; "The manager took me out for a meal. A burger at the docks and we had a chat"; "The manager is really nice. She comes across as really caring and kind"; "The manager is really nice. She would do anything for anyone. She's a lovely person. She talks to my sister, which is good for me, because I can get confused. I feel lucky that I got a place at this home" and "The manager is top class, brilliant. She has helped me so much, her and (name - deputy manager) with my anxiety. It is very, very good here. A well run place."

One community professional wrote on their feedback to CQC, 'Mansard House is a fantastic service. The staff are kind and caring, always pleasant to deal with and responsive to requests. The service is really well managed by ([registered manager] and has been for many years. Members of my current caseload who live there consistently report being very happy and content - they describe it as being like a 'family home.' I have also known the team there to respond quickly and sensitively to service users in times of crisis. It is recovery-focused and very person-centred. It is actually my preferred Preston placement for all of these reasons; I wish there were more like it.'

On the day of our inspection the registered manager of eight years was on duty. She assisted us throughout the day and provided a range of records and documents as we requested them. We were made very welcome by everyone involved in the inspection process.

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. We saw records that demonstrated she conducted periodic unannounced night checks to ensure the night shift was running smoothly. The dedicated and committed staff team constantly strived to develop and improve all aspects of the service for those who lived at Mansard House. The team approach was evidently that of openness and transparency, which was supported by our observations, as well as information provided by those who lived at the home, community professionals and the staff members we spoke with.

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. We received consistently positive feedback from staff members about the registered manager. They all described her as approachable, but very effective too. Comments we received from staff members included; "We work so well as a team. We have three daily handovers and staff meetings regularly. We have supervision from the manager and the area manager visits every month. We don't use agency staff at all, as it doesn't work here. The manager is brilliant. She is recovery focussed and won't take just anyone into the home. The mix of people is always the key. I have learned so much from her"; "I love it here. The team is really supportive and most staff have worked here a long time. The manager is approachable. It is like a family unit. The recovery star has made a huge difference. People are able to see their progression and many are preparing to live on their own now" and "[Registered manager] is the best

boss I have ever worked for. She has time for everyone."

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

The care pathway at Mansard House was innovative and effectively supported people to recover from very low points in their lives because of mental health issues, drug and alcohol addiction. The service effectively supported people to recognise that their mental health diagnosis did not label them. The ethos of the home was for people to gain or regain the skills and confidence needed to live a full life that is meaningful to them. Mansard House clearly embedded a strength based philosophy for people living in the home, which is continued through co-production and outcome focused support planning for them. Records demonstrated this achieved throughout the service and along each person's individual journey.

A business plan had been developed, 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 exceptional positive person centred support planning. A quality management system had been introduced by the organisation. A structured comprehensive and detailed approach was adopted for the assessing and monitoring of the service provided.

The use of computerised technology supported a robust and regular internal auditing system, which 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. 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.

Records showed that regular visits were conducted by a company representative, following which a report was generated with the findings. Guidance for staff around the recovery star system stated, 'A recovery orientated mental health service should demonstrate ten recovery indicators.' The auditing system was robust and incorporated the progress made by people against the ten recovery indicators under headings such as, 'What we are doing well', 'What we need to focus on' and 'Further ahead.' This helped the registered manager to monitor the effectiveness of individual recovery star processes for those who lived at Mansard House. We saw some people who lived at Mansard House had 'signed up' to become an Expert by Experience within the organisation. This enabled them to audit the care provided at other care facilities owned by the company. This demonstrated that people's views were important in the operation of Mansard House.

Staff at the home have signed up to a challenge charter arranged by the organisation, so that bad practice is challenged. A challenge charter group is being developed within the area, so that representatives from each home within the Potensial group meet to discuss practices and ways to improve. These meetings will be void of management staff, so attendees feel they can speak freely. Minutes will be taken and passed to the management team for their responses or action. This promoted the involvement of staff teams.

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. Since our last inspection the staff team had won a star performance award, accredited by 'Person First Solutions' in recognition and validation of outstanding commitment, professionalism and passion for care.

Prior to our inspection we examined the information we held about this location, such as notifications, safeguarding referrals and serious injuries. The home demonstrated they fulfilled their statutory responsibilities and submitted statutory notification as required by law to the Care Quality Commission in a timely manner.

Records showed that empowerment meetings for those who lived at the home were arranged regularly. These were led and attended only by people who used the service. These meetings enabled people to meet and discuss any topics of interest or concern. The minutes seen showed areas, such as television, activities and menus were discussed. They highlighted areas where the meeting requested a response from the management team and the subsequent actions taken to address the topics discussed.

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 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 'recovery star' methodology and by people confirming they were listened to and were able to make decisions about the operation of the home. We noted that the ethos of Mansard House was around, 'No decision about me without me' and 'the right support at the right time.' This was supported by the consistently positive feedback we received from everyone we spoke with. The care records we examined showed the recovery process at Mansard House was successful, by the setting of achievable goals. This was demonstrated as eight people were clearly on their way to living independently in the community. It was evident from our observations that the registered manager and staff team believed in those who lived at the home and they were accepted for who they are, which promoted self-worth and self-esteem, which helped to make recovery possible.

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.

During our inspection we spoke with a community professional who was visiting two people who lived at the home. She provided us with extremely positive feedback about Mansard House. Her comments included; "There is an instant feeling of homeliness as soon as I walk through the door. We trust this service to manage more complex needs. They are very good at communicating with us and we have a very good rapport with the home. There is a full itinerary which supports people to gain confidence and to find employment. The manager here oozes confidence. She chooses the right people to live together. She has a special skill to do this. The service is forward thinking and the staff team are very knowledgeable. They are on the ball." This community professional gave us some good examples of success stories, including one person who had become very isolated in several previous settings and had lived a chaotic life, reverting back to drugs and alcohol, but since admission to Mansard House they had flourished and had started to enjoy life.

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 the facilities provided. Staff members had also completed evaluation forms following recovery focussed

practice training, which had been rolled out across the organisation by the registered manager of Mansard House.

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. An implementation folder had recently been introduced, which helped to ensure all staff had read and signed any new policies and procedures or changes to existing ones, before they were incorporated into the standard policy and procedure file. This would ensure staff had the relevant knowledge and guidance to deliver care to people who used the service.

In 2016, as part of National Care Home Open Day CQC's Chief Executive, Sir David Behan visited a number of services, including Mansard House. He subsequently wrote to the registered manager of Mansard House thanking her, people who used the service and staff for their time during his visit. He commented on the excellent work of Mansard House and referred to the focus on recovery, the use of the recovery star, the approach to health and well-being as well as the award ceremony for people who used the service, which he stated were all examples of best practice. He also wrote, 'I found the visit inspirational'. Sir David rated each area on the feedback form, as 'excellent', with the exterior of the home being rated as 'good'. He wrote, 'The quality of relationships and leadership was excellent. I was very impressed by the service and staff. The residents I spoke with felt safe, valued and cared for.'

We discussed the way forward with the registered manager, who explained the focus of Mansard House for 2018. This involved people being supported to achieve independent living within the community with minimal oversight. She told us, 'Everyone who accepts a placement at the home is supported and helped to recover from serious mental health problems. This often takes a considerable amount of time and input from staff who are patient and committed to providing the support people need, in order to gain their trust and to help them through the recovery process.'

An electronic system had been installed which provided the staff team with any changes in legislation or good practice guidelines in areas, such as medicines, infection control and This helped the staff team to keep up to date with new research and developments and to be trained to follow best practice at all times.

One community professional wrote on their feedback to CQC, 'I having been working in mental health services for over twenty years. I have travelled up and down the country delivering training to many organisations within the private sector. Seldom do I meet such a positive, passionate and recovery-focussed group of staff who have the patients' [people who used the service] needs and welfare as their first priority. [Registered manager] has been instrumental in utilising our free post-course consultancy ([something which is rarely taken up despite it being free], to ensure her staff have a strong knowledge and evidence base, as well as commissioning new policies to reflect best practice guidelines and promote patient safety. We were so impressed by [Registered manager] and her team, and indeed the other managers and teams from Potensial services we have delivered training to, that we awarded Mansard House and seven other services Star Performance Awards in August 2017. As well as two service users who contributed to staff training. This award is judged against a set of key criteria that measure recovery-focussed services, which has only ever been awarded to a small number of services since it began in 2012.'