

Care In Safe Hands Healthcare Limited

Manna Walk

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on the 19 September 2016 and was announced. As the service was small we gave 48 hours' notice of our inspection. This was to ensure the registered manager and people who lived at the home were available to speak with.

Care In Safe Hands Healthcare Limited provides care and support to people at Manna Walk. Manna Walk is a registered care home situated in Bootle, located close to public transport links, leisure and shopping facilities. It is registered to provide accommodation for up to seven adults. The building is a three storey property. It has a fully accessible large garden to the rear.

Manna Walk has a manager who is registered with the Care Quality Commission. 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.

Manna Walk was registered with the Care Quality Commission in July 2015 to provide care and support for up to seven people. We have not previously inspected Manna Walk.

At this inspection visit carried out in September 2016, there were five people living at the home. People we spoke with said they were happy with the care and support they received. People told us staff were caring and were knowledgeable of their individual needs. People described staff as, "friendly" and "good."

The registered manager told us they were supported by an area manager and a compliance manager. The registered manager told us they worked closely with the managers to ensure Manna Walk ran smoothly.

People who received care and support told us they felt safe. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found medicines were managed safely. Staff were knowledgeable of the systems in place for the ordering, storage and receipt of medicines.

We saw appropriate recruitment checks were carried out to ensure suitable people were employed to work at Manna Walk.

There were sufficient staff to meet people's needs. People were supported in a prompt manner and told us they had no concerns with the availability of staff.

Staff received regular support from the management team to ensure training needs were identified. We found staff received appropriate training to enable them to meet peoples' needs.

Processes were in place to ensure people's freedom was not inappropriately restricted. Staff told us they would report any concerns to the registered manager.

We saw people were offered a variety of foods at Manna Walk and people were supported to eat and drink sufficient to meet their needs. People told us they liked the food provided.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate and documentation we viewed reflected this.

Staff treated people with respect and kindness. People told us they were involved in their care planning.

There was a complaints policy in place, which was understood by staff. Information on the complaints procedure was available in the reception of the home in an accessible format. People told us they would talk to staff if they had any concerns.

Quality assurance checks were carried out to ensure areas of improvement were identified and acted upon. People who lived at the home were offered the opportunity to participate in an annual survey. This was also provided to relatives. People and relatives told us the registered manager regularly sought their views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

We found medicines were managed safely and people received their medicines as prescribed.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks. Staff were appropriately skilled to promote people's safety.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner.

Staff were aware of the processes in place to raise safeguarding concerns if the need arose.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of

people and were knowledgeable of their needs.

People's privacy and dignity were respected

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities that were meaningful to them.

There was a complaints policy in place to enable peoples' complaints to be addressed. Staff were aware of the complaints procedures in place.

Is the service well-led?

Good ●

The service was well-led.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

There were quality assurance systems in place to identify if improvements were required.

Manna Walk

Detailed findings

Background to this inspection

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

This inspection visit was carried out on the 19 September 2016 and was announced. The inspection was carried out by an adult social care inspector.

Prior to the inspection visit we reviewed information the Care Quality Commission (CQC) holds about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This information helped us plan the inspection effectively.

During the inspection visit we spoke with three people who lived at Manna Walk. We spoke with the registered manager for the home, the compliance manager, the area manager and three staff. We also spoke with two relatives. We did this to ascertain their views on the service provided.

We looked at all areas of Manna Walk, for example, we viewed the lounge and dining area, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff.

We looked at a range of documentation which included two care records of people who lived at Manna Walk. We viewed a range of other documentation in relation to the management of the service. These included records of meetings and health and safety certification. In addition we viewed recruitment and training records, medicine records and quality assurance records.

Is the service safe?

Our findings

People who lived at Manna Walk told us they felt safe. Comments we received included, "This is a safe place." Also, "The staff make sure I'm safe." Relatives also told us they considered their family members were safe. We were told, "[My family member] is most certainly safe." And, "Yes. [My family member] is safe."

We viewed two care records relating to people who lived at Manna Walk. We did this look how risks were identified and managed. Individualised risk assessments were carried out appropriate to peoples' needs and care documentation contained instruction for staff to ensure risks were minimised. For example, we saw one person required observations to maintain their safety. We saw the risk assessment was followed by staff to ensure the person's wellbeing was maintained. Staff we spoke with were able to explain the person's needs and the reasons for the support the person required. This demonstrated staff were knowledgeable of the risks identified and how to suitably address these.

We asked the registered manager how they monitored accidents and incidents. We were told all incidents and accidents were reported. We saw evidence this took place. We saw accident and incident forms were completed and then reviewed to ensure no further action was required to maintain peoples' safety. The registered manager explained if further actions were required, this was implemented and discussed with staff. Staff we spoke with confirmed this.

Staff we spoke with told us they had received training to deal with safeguarding matters. Staff were able to describe the types of abuse which may occur and how symptoms of these may present. They told us they would immediately report any concerns they had to the registered manager or to the local safeguarding authorities if this was required. Staff were confident any concerns they had would be addressed by the registered manager. One staff member told us, "We've got the contact details for safeguarding and [registered manager] makes referrals so people are protected." A further member of staff said, "Safeguarding is part of protecting people. I wouldn't have to refer because [registered manager] would do it straight away."

We asked the registered manager how they ensured enough staff were available to meet people's needs. They told us they assessed people's needs and took their personal preferences and wishes into account. For example, if people wished to engage in individual pursuits, staffing was arranged to accommodate this. They explained this helped ensure staff were available to support people. The registered manager further explained if people's needs changed they would ensure additional staffing was provided to ensure people's safety. Staff we spoke with confirmed this. The registered manager told us they were currently recruiting to ensure sufficient staff were available to support people. We saw documentation which confirmed this. We reviewed one week's rota for Manna Walk and saw the number of staff available was consistent with the registered manager's explanation.

People who lived at Manna Walk were complimentary regarding the staffing provision at the home. We were told, "I can do what I want, there's always someone to help me." And, ""[Staff member] came with me when I went to the cinema." A further person said, "Good staff. Never too busy."

Relatives we spoke with voiced no concerns regarding the staffing provision at the home. All the relatives we spoke with told us staff were available to support their family member and spoke positively of the staff. Comments we received included, "Staff are always there and [my family member] goes to discos and on day trips with them." Also, "They're very careful about the quality of staff."

We reviewed recruitment records which showed suitable recruitment checks were carried out. We found the checks were carried out before a prospective staff member started to work at Manna Walk. We spoke with one newly recruited member of staff who told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check which helps ensure suitable people were employed. We reviewed the files of a member of staff who had recently been employed and saw the required checks were completed. We noted appropriate references were obtained and there were no gaps in staff employment history.

During this inspection visit we checked to see if medicines were managed safely. We looked at a sample of medicine and administration records and saw these were completed correctly. We checked the stock of two people's medicines and saw the records and the amount of medicines matched. This indicated medicines were being administered correctly. The staff member we spoke with explained the processes in place for the ordering and receipt of medicines. They were knowledgeable of the processes in place and we saw appropriate storage was available to ensure medicines were stored safely.

We saw checks were carried out to ensure the environment was maintained to a safe standard. We saw documentation which evidenced electrical and gas equipment was checked to ensure its safety. We also saw the temperature of water was monitored to ensure the risk of scalds had been minimised. Regular water testing took place to minimise the risk of legionella developing within the home. The registered manager told us regular cleaning of showerheads took place to ensure the risk of legionella was minimised.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. Each person had a personal emergency evacuation plan. This meant staff had written guidance on the support people needed to evacuate in the event of an emergency.

Is the service effective?

Our findings

People spoke positively about the support they received from staff. People told us staff supported them in the way they had agreed and they found staff were knowledgeable of their needs. Comments we received from people who lived at Manna Walk included, "Staff know about me and what I need." And, "I like everyone here. They know what I don't like." Relatives we spoke with described the care and support as, "Excellent care. [My family member] is well looked after." And, "The care is very good."

We found people were supported to see other health professionals as required. For example one person told us they had requested to see a doctor. They explained this had been arranged and as a result they were now receiving treatment. We saw this had been documented in the person's care record. Relatives also confirmed they had no concerns with the access their family members had to further medical advice. Comments we received included, "[My family member] sees a doctor if [my family member] is unwell. They're very good at that." And, "The staff are very perceptive at spotting if [my family member] is unwell."

We viewed two care records relating to people who lived at Manna Walk. Care files evidenced people's nutritional needs were monitored. We saw people were weighed to ensure any changes in weight were noted and a record of this was kept. Staff we spoke with explained they checked people's weights regularly to ensure any significant weight loss or gain was identified and monitored. They told us if they were concerned they would make referrals to other health professionals. They said this would help ensure no further medical interventions were required.

People told us they liked the food at Manna Walk. One person commented, "I like everything here." We viewed menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. People we spoke with told us, "[Staff] always ask what I want." And, "If I don't like whatever's on the menu I can have something else." A further person told us they had asked for their favourite meal to be made. They told us, "It was good."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered manager of Manna Walk to assess their understanding of their responsibilities regarding making appropriate applications. From our conversations it was clear they understood the processes in place. We were informed one application had been made to the supervisory body. The registered manager told us they were aware of the processes in place and would ensure these were followed

if the need arose.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices that may be considered restrictive and said any concerns would be reported to the registered manager. Staff told us they had received training in this area and were knowledgeable of the processes in place to ensure peoples' rights were upheld.

During the inspection visit we saw people's consent was sought before support was provided. We observed people being asked what they wanted to do or if they wanted help to prepare drinks or snacks. We saw staff respected peoples' wishes.

Manna Walk had been awarded the 'Investors in People' Gold Standard accreditation in December 2014. The Investors in People Standard is a business improvement and best practice people management tool. Organisations are assessed against a framework and if successful, are awarded an accreditation.

Staff we spoke with were proud of the accreditation. One staff member said, "Management put a lot of work into the training and it's good training. That's why we got the award." We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and medicines management. Staff we spoke with confirmed training was provided to ensure their training needs were identified and training was refreshed. In addition staff told us they received additional training. Comments we received included, "I've had training in autism and learning disability awareness." And, "Training is constant here. Most of us are doing diplomas in Health and Social Care."

All the staff we spoke with told us they felt well supported by the registered manager and told us they received regular supervision and appraisals. These are meetings which are held to review staff performance and discuss training needs. We saw a supervision and appraisal tracker was in place. This is a document which records when staff had supervision and appraisals and when they were next due. We also reviewed one staff training file. This evidenced supervisions and appraisals took place and training needs were discussed.

Is the service caring?

Our findings

People who lived at Manna Walk were complimentary of staff. Comments included, "Everyone is friendly. It put me at ease." Also, "Staff are my friends." And, "I like the staff here." And, "I never expected everyone here to be so good to me. I'm not scared anymore." Without exception, relatives we spoke with also praised the way staff interacted with their family members. Relatives told us, "Staff are so friendly and [my family member] likes them all." And, "I've never seen anyone do anything uncaring. I consider they're caring."

We saw staff were caring. We saw staff spoke with people and asked them how they were. Our observations showed staff were respectful and took interest in what people had to say. We saw a staff member talking with a person about their day. We observed the staff member spent time with person to understand what their wishes were. Throughout the conversation we found the staff member was attentive to the person and acknowledged their wishes. We noted the staff member and the person were smiling and there was a positive rapport between them.

We saw staff worked with people in a caring way. For example, we saw one person who lived at Manna Walk was looking at the notice board within the home. They asked staff who was working that day. We saw the staff member showed the person the rota and helped them read it. They were patient and helped the person understand the rota. Throughout the conversation we noted the staff member treated the person as an equal. They showed the person how to read the rota and checked they felt confident in doing this alone in the future. This demonstrated staff were caring.

Our conversations with staff also confirmed staff were caring. Staff spoke respectfully and caringly about people they provided support to. For example, we asked one staff member if they would like us to move to another part of the home as they were busy. The staff member responded by saying, "No it's fine, I'm staff so I can work round you. What we don't expect is for people who live here to work round you." A further staff member said, "Our focus here is on them. They come first."

The care records we viewed for both Manna Walk demonstrated people were involved in the development of their care plan. We saw records were person centred and contained respectful and professional language. Staff told us people were involved in the development of care plans and were offered copies of these. People also told us they were involved in their care planning. One person told us they had attended meetings with staff and other professionals to decide their care. They said, "I go to meetings to decide what to do. My social worker's there. The staff write down what I decide and read it to me. I don't want a copy but it's nice they offer me one."

We saw people's privacy and dignity was respected. For example, when we were introduced to people who lived at the home, staff asked them if they wanted private time with us. On one occasion we noted a person who lived at Manna Walk asked to discuss a personal matter with a staff member. We observed the staff member offered the person the opportunity to discuss this in a private area. This demonstrated people's privacy and dignity were respected.

During the inspection visit we saw details of external advocacy organisations were provided on people's care files. We discussed the provision of advocacy services with the registered manager. They told us they encouraged people to access advocacy if this was their wish. They also explained there was an advocacy group at Manna Walk. The registered manager told us a person who lived at Manna Walk was the 'advocacy spokesperson' and the purpose of the meetings was to enable people to 'speak up' about any areas they wished. We spoke with the advocacy spokesperson who confirmed meetings were held. They said, "We have meetings so anyone can talk and say what they want. It's all written down and [registered manager] reads them. We talked about trips and went on a trip because of it." This demonstrated the service sought to promote awareness of advocacy and sought people's views.

Is the service responsive?

Our findings

People at Manna Walk told us they felt the care provided met their individual needs. One person said, "I'm doing better here because I live here." Relatives we spoke with were also happy with the care provided. Comments we received included, "I couldn't be more pleased. [My family member] is so happy, well cared for and has made friends here." And, "[My family member] is very happy and I'm so fortunate [family member] lives there."

People who lived at the home also told us they were consulted regarding their care needs. One person said, "When I first came we worked it out together. I was asked what I thought I needed." A further person said, "Staff always ask what I want." Relatives we spoke with told us they were happy with the level of involvement they received. They confirmed they were regularly consulted if the need arose. For example if a person's needs changed. Comments we received included, "I'm always consulted and informed." And, "Staff consult me, just like we all agreed."

People told us the registered manager and staff were responsive to requests. One person described the help they had received to attend a support group. They told us it was important they attended and staff helped make this happen. "They said, 'I like going and staff help me go. I don't think I could go on my own and I haven't missed any.'" A further person described how the staff supported them to pursue their own interests. They said, "I go to the day centre and I like that." They also told us they went to the shop run by the registered provider Care In Safe Hands Healthcare Limited. They said, "I go when I want. I like it sometimes because I meet people but other days I don't go because I don't want to."

We discussed this with the registered manager and area manager. They explained they actively encouraged people to become involved in the local community and they sought ways for this happen. For example, they ran a local charity shop where people could go and help, this had been arranged in response to people's requests for jobs. They also told us they had a day centre which people from Manna Walk could access as they wished. The registered manager spoke passionately about the importance of enabling people to live active and fulfilling lives of their choice. They explained their aim was to deliver the best care and support in a way that empowered people to live happy lives. They said, "We want to give them the life they want and with support, people can achieve."

The area manager told us they organised and held evening events for people to attend if they wished to do so. They explained this enabled people to spend time with friends, enjoy a social event and pursue their own interests. They said, "The social evenings are enjoyed and the benefit is the risk of social isolation is reduced, people can form friendships and relationships and be who they want to be."

People told us they led fulfilling lives. One person described the activities they had participated in. They told us they were encouraged to develop their interests. They said, "Since I came here I'm doing a lot more. I go to the day centre, the trips out and the discos." We asked how this had affected them. They said, "I've made friends. I don't feel as lonely anymore." A further person described the way they had developed their skills since moving to Manna Walk. They explained they had learnt how to look after their room and took pleasure

in doing household tasks. They said, "I never used to do things like this. I wash up, make cups of tea and keep my room clean." They told us they took pride in this. They commented, "I'm learning things now and I'm doing good."

One person told us they had been on holiday with other people who lived at Manna Walk and they enjoyed this. They said, "I had fish and chips and we went on the beach. We did lots of things and it was really good. I'm glad I live here." We discussed this with the registered manager. They told us they were currently planning a further holiday that people could participate in if they wished. They explained this was to enable people to have enjoyable and positive experiences with support.

Relatives also gave complimentary feedback regarding the arrangements in place for activities. One relative explained their family member's preferences were met. They said, "[My family member's] activity plan is based on them and what they want." A further relative commented, "[My family member] has access to a wealth of experiences through activities, I'm delighted."

We saw there was a complaints policy in place which was accessible to people who received care and support from Care In Safe Hands Healthcare Limited. The policy contained information on how to make a complaint and the timescale for response and was available in an accessible format. We saw information was presented in a pictorial format to help people to understand the complaints process. The registered manager told us no complaints had been received. All the relatives we spoke with confirmed they had no reason to raise concerns or complaints to the registered manager. Comments we received included, "I've never had to complain but [registered manager] would be happy to talk to me if I did." And, "No, I've never had to complain. Management are very open to comments."

People we spoke with also confirmed they had no complaints. They told us they were happy living at Manna Walk and felt comfortable in speaking with staff. For example, one person told us they were nervous when they first moved into the home. They said, "I was scared at first but staff helped me all the time. I know they would listen to me." A further person commented, "I can't think of anything that's wrong here but I know everyone would try and put it right if I said something." This demonstrated people had confidence their comments, concerns and complaints would be addressed.

Is the service well-led?

Our findings

People told us they knew and liked the registered manager. Comments we received included, "I like [registered manager.] She makes time to chat to me." And, [Registered manager] is very nice. She always asks how I am."

Staff told us they considered the teamwork at Manna Walk to be good. Comments we received included, "We're all kept in the loop and asked for our opinions." And, "[Registered manager] is always asking us how we can change things to make things even better here." Staff told us meetings took place to ensure information was communicated effectively. We viewed minutes of staff meetings and saw staff received feedback and information as appropriate. For example, we saw senior staff were asked to check medicines had been administered appropriately. During the inspection visit a staff member confirmed this took place.

During the inspection visit we saw staff were organised and efficient as they carried out their duties at Manna Walk. We saw staff communicated with people and each other to ensure people's needs and wishes were met. Staff we spoke with told us the service provided at Manna Walk ran smoothly.

We asked the registered manager to explain how they maintained an overview of the service in order to identify if improvements were required. The registered manager told us they were supported by an area manager and a compliance manager. The registered manager told us they worked closely with the managers to ensure Manna Walk ran smoothly.

We found audits were completed to ensure the smooth running of the service. We saw evidence of audits in infection control, medicines management, care records and the environment were carried out. We also saw there were quality assurance surveys in place to gain people and relatives views on the quality of the service provided. We viewed the most recent quality assurance survey and saw overall, the results were positive. Comments from relatives included, "[Family member] is safe and happy." And, "Staff have always got time for you."

All the staff we spoke with were positive regarding the support they received from the registered manager. Comments we received included, "[Registered manager] is driven to improve and ready to listen to any suggestions." Also, "[Management] are never too busy to talk to us and they really do care."

Relatives and people who received care and support from who lived at Manna Walk told us they considered the registered manager to be approachable. All the relatives we spoke with told us they had regular contact with service. One relative commented, "[Registered manager] has a lot of experience and that makes a big difference. I can talk to [registered manager] and she shares her experience with us so we learn together. I'm very happy." A further relative told us they found the registered manager to be professional and caring. They described their experience of the support the registered manager had given them. They told us, "I've found them very supportive of us as a family."

We saw documentation which evidenced people were invited to attend regular meetings to express their

views. People we spoke with also confirmed meetings took place. We were told, "I go so I know what's going on." And, "I can say what I want when I go." One person we spoke with told us they had requested a specific excursion. They told us this had been provided. This demonstrated there were systems in place to capture peoples' views, seek improvements and encourage involvement.

We also saw the registered manager carried out an annual analysis of staff characteristics who worked at Manna Walk. The registered manager told us this was to ensure staff were treated fairly and their diversity was recognised and supported. The registered manager explained this helped them ensure that discrimination was not taking place.