

The Royal Agricultural Benevolent Institution Manson House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 13 June 2016 and was unannounced. Manson House provides care and accommodation for up to 34 older people. Manson House is owned by the Royal Agricultural Benevolent Institution a charity which supports people who have worked in the farming community. The service was last inspected in November 2013 and was found to be compliant with the Health and Social Care Act 2008 (regulated activities) 2014 regulations. The building had recently undergone extensive refurbishment and the type and numbers of available rooms has increased.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they were very happy living at Manson House. Staff knew the people they people they supported and were clear about what they should do if they had any concerns about people's welfare. Risks were identified and assessments set out the actions that staff should take to minimise the impact on individuals. Equipment was in a good state of repair and checks were undertaken on the building and services to make sure that they were working effectively and protected people.

People were supported by a stable staff team, many of whom had worked at the service for a number of years. Staff were available and responsive to people's needs. Training was provided to ensure that they had the skills they needed to support people.

Meals were attractively presented and people spoke positively about the choice and quality of the food. Lunch was a relaxed social experience and staff supported those who needed help unobtrusively.

People were supported to access health care and the staff worked with a range of health professionals to promote people's needs.

People had their care needs assessed and this included a social history and details of their care preferences.

Care was person centred and tailored to people's individual needs. People spoke about the caring atmosphere and the commitment and dedication of staff. Staff went the extra mile to improve people's quality of life. There was a strong culture within the service of treating people with respect and people were able to live their lives as they wished. People's independence was promoted and they were supported to maintain their skills and interests. There was a varied and interesting activity programme.

The manager was assessable and approachable and staff were well supported. The manager was clear as to their responsibilities and was supported by a management team. There was effective systems in place to ensure that information about people's needs was handed over and acted upon.

Morale was high among the staff and they were clear about the vision and values of the service. The provider regularly visited the service to check on the quality of care and there were systems in place to audit the care provided and to drive improvement.

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

There were systems in place to protect people from harm and staff were clear about what actions they should take should a concern arise.

Risk assessments were in place to identify and manage risks

There were sufficient numbers of staff available to support people. Checks were undertaken on all new staff to ensure that they were safe to work in the service.

There were systems in place to ensure people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were trained and had the skills and knowledge to support people.

Staff understood the principles of consent.

People were supported to have a balanced diet and had choice about what they ate.

People were supported to maintain their health and staff worked with a range of health professionals to promote peoples wellbeing.

Is the service caring?

Outstanding ☆

The service was very caring.

The manager and staff were committed to the principles of respect and kindness and this was reflected in the day to day life in the service. There was a strong person centred culture. Staff knew the people they supported and had good relationships with them. People spoke about the care in glowing terms.

Staff were highly motivated and inspired to provide good care. They were attentive and care was delivered in a warm and compassionate way. Staff went the extra mile to support people and ensure their needs were met.

Peoples views were valued and they were actively involved in making decisions about their care and the community.

Peoples independence was promoted. The service were proactive in working with other agencies to ensure that people.

People were supported to access the community and maintain their dignity. There was a culture of respect and people's views were key to how the service was managed.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed before admission to the service to ensure that the service could meet their needs.

People's preferences were identified and they were supported to follow their interests and lead a full life.

There were systems in place to manage concerns and address complaints.

Is the service well-led?

Good ●

The service was well led.

There was a clear vision and values. Staff morale was high and they were supported by the management team.

People told us that the manager was accessible and visible.

There were systems in place to identify shortfalls and drive improvement.

Manson House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements 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 took place on 13 June 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of care services and caring for an older person.

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law.

On the day of the inspection we spoke with twelve people who used the service and two relatives. We spoke with the registered manager, five staff and a visiting health professional. We reviewed care and support plans, medication administration records, recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

People told us that they felt safe living at Manson House. One person said, "I feel very safe here". Another person told us, "I love it here; I am having the time of my life. I have never been so comfortable and happy."

Staff had completed training in safeguarding and understood the procedure they would need to follow in order to safeguard people from harm. Staff were aware of the indicators of abuse and knew how to report any worries or concerns both within the service and, if necessary, to external organisations. One member of staff spoke very positively about the service and told us that they would not hesitate to report any concerns and stated, "If something was not right, I would say." Another member of staff told us that they would go to the manager who would be, "very discreet but would deal with it." Where the service looked after money on people's behalf, we found that there were clear arrangements in place and detailed records maintained. We checked a sample of money held against the records and found that they tallied.

Risk assessments were in place to guide staff in the actions they should take to help keep people safe. We saw assessments in place for eating and drinking, pressure care, moving and handling and falls. Equipment was in place to reduce the potential risks such as specialist mattresses to reduce the likelihood of skin damage. We saw that there was a range of moving and handling equipment available to support people to move safely. People who required the use of a hoist had this clearly documented in their care plans along with the type of sling and how it should be fitted. The service kept a record of accidents and incidents. Staff completed an accident or incident form for each event which had occurred. These records were reviewed by the manager. Staff told us that the management of the service took safety seriously. One member of staff said, "They would never allow us to do anything to put people at risk."

The environment was in a good state of repair having recently undergone extensive refurbishment and upgrading. New alarms were in the process of being fitted to the external doors to alert staff to individuals exiting the building. There was a fire risk assessment in place which set out the actions that staff should take in an emergency. We saw that checks were undertaken on the fire alarms to make sure that the system was working effectively. Water temperatures were checked as part of the management of the risks associated with legionella. We saw that checks were undertaken on equipment such as beds and hoists to make sure that it was safe to use and met current standards.

There were sufficient staffing levels to keep people safe and promote people's wellbeing. People told us that there were enough staff to meet their needs and this was supported by our observations. Bells were answered promptly and most people we spoke to told us that while they had not had cause to ring in an emergency they knew how to use it and thought it would be answered quickly. We saw that staff were accessible and visible and had time to spend with people.

The manager told us that they had a dependency tool which they used to inform the staffing levels but also listened to their staff and adjusted the levels according to the needs of the people resident.

The majority of staff had worked at the service for many years and the manager told us that they were fully

staffed and were in the enviable position of never having a problem recruiting. Staff were very positive about the service and told us that there was very low sickness levels. One member of staff told us, "We are here because we want to be here." Another said that they felt "lucky" to work at service and said, "You never see a job advertised here." Staff told us that agency staff were not used or needed, as staff were happy to do extra and pick up shifts if necessary.

Recruitment processes offered protection to people. We looked at the recruitment files for the most recent staff who had been appointed. They demonstrated a sound process that included checking criminal records, taking up references and checking appropriate identification.

Medicines were well managed and people told us that their medicines were always delivered "on time". The service enabled a number of people to retain responsibility for their own medicines and there were risk assessments in place regarding this which were regularly reviewed. We found that medicines were securely stored and clear records maintained of their administration, including protocols to guide staff when people needed to take medicines as required (PRN). We checked a range of medication included controlled drugs and found that the amounts tallied with the records. However there was a small anomaly in the stock of paracetamol and the manager responded immediately by increasing the frequency of the audits from monthly to weekly until they were assured that the matter was resolved.

Several people had topical medicines creams prescribed. There were records to direct staff as to where they should be administered and care staff recorded when and where these were applied.

Is the service effective?

Our findings

People told us that they were supported by staff that were trained and knowledgeable.

New staff received a thorough introduction to the service which included exploring areas such as health and safety, first aid, infection control, moving and positioning and nutrition. The manager told us any new staff would complete the new care certificate which sets out new nationally recognised standards which should be covered as part of staff induction.

All the existing staff had completed National Vocational Qualification (NVQ) or Quality Care Framework (QCF) training and spoke confidently about the needs of older people and how to support them. Care workers told us that they had received ongoing training which helped them update their knowledge understand specific health conditions and the impact on individuals such as on Parkinson's disease. The manager told us that there was further training planned on supporting individuals who have had a stroke and end of life care. Staff told us that their practice was observed to ensure that they were implementing what they had learnt and the homes management were proactive organising additional training if they thought they would benefit. We saw that one individual had recently been diagnosed with gastric reflux and leaflets on the condition and how to manage it was set out for staff to read and sign when completed.

Staff told us that staff meetings were held and they had received supervisions and annual appraisals. However, they would speak with the manager "as and when" they needed to as they were very approachable and willing to provide guidance and direction.

The manager understood her responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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). Staff had completed training in the MCA and DoLS and what it meant for the service. The staff we spoke with understood their responsibilities to ensure people were given choices about how they wished to live their lives. Our observations were that people were given choices and their consent was sought before commencing a task.

People were positive about the food and described it as, "wonderful" and "lovely". They told us they had their breakfast in their room but had their main meals in the dining room, although they could have their meals in their rooms if they wished. We observed that lunch was a relaxed social occasion with lots of interaction and chatter. The food looked appetising and people were offered a choice between two main dishes and drinks including wine. People told us that they made a choice the previous day but this was very flexible and we observed that one person could not recall their choice but were asked again what they preferred. Staff were available to support people but did so unobtrusively and discreetly. Soft foods and

fortified diets were available and there was a board in the kitchen with current food preferences and needs of particular residents. One relative told us that their relative was not eating but staff tried to tempt them by asking what they fancied and suggesting things that they might like. Hot and cold drinks were served throughout the day. The kitchen had recently been inspected by Environmental Health and been given a five star rating for food hygiene.

People were weighed each month and recorded on the services computer system which highlighted if there were any areas of concern. People who were identified as being at risk of poor nutritional intake or were losing weight were referred to the dietician and speech and language service for further advice and support. Staff were able to tell us about how they supported people who were at risk, such as those with nutritional supplements. We saw that guidance was included in care records about adding cream to porridge and how much thickener should be used when preparing drinks.

People were supported with their health needs. People and their relatives told us that they were supported to access health services such as GPs, dentists and opticians when they needed to. The chiropodist visited on a six weekly basis. One person described them as being very proactive, picking up when their relative was unwell and seeking advice promptly.

We spoke with a visiting GP who told us that they "Had nothing but good things to say about the service." They told us that they had a good working relationship with the service who contacted them appropriately when they needed to.

Is the service caring?

Our findings

People were full of praise for the service and told us that they were well cared for. One person told us that they had come to the service after it had been recommended to them by someone who lives there and told us that it had lived up to expectations. They said, "It is perfectly tuned to the needs of us residents.The staff are incredible. " A relative spoke about the caring atmosphere and told us, I knew it was a good service as soon as I walked through the door and the staff were so cheerful. .I cannot fault the care, in my relative's previous service they were left in bed but they have really improved since moving here and join in with the life in the home. There is lots of stimulation it is an outstanding service....the staff cannot do enough for you."

There was a stable staff team who knew the individuals in the service, their needs and interests. Staff were able to describe people's needs and specific preferences such as what they liked to eat or how they liked to spend their time. People told us that staff knew them well and one person described how they sometimes rang the bell at night but that staff always knew what they wanted and arrived quickly with, "A lovely hot milky drink."

People had positive relationships with staff and were treated with kindness and compassion. The approach was person centred and caring. A relative spoke to us about the care which was being provided to their relative whose needs had increased significantly. They spoke highly of the care staff and told us how their relative found it distressing to be moved in the hoist but staff had responded to this and had given them a soft toy to hold on to for comfort when being assisted. We saw that they had also fitted the bed with specialist sheets to reduce their discomfort when repositioning. The manager told us that the staff did what was needed and gave us an example of staff singing to one individual who was in bed as they provided personal care. The individual had loved music previously but were not able to communicate verbally and the singing gave them comfort and made them laugh. We saw that where individuals were at the end of their life they and their relatives were involved in making decisions about their care to ensure that they had a comfortable and dignified death. The manager showed us a room that they had set aside for relatives to use if they wished to stay with their relative as they neared end of life. The service was proactive in seeking advice from health professionals and the local hospice team regarding symptom management to ensure that discomfort was minimised and people were enabled to live fully for as long as possible.

There was genuine warmth and affection in how staff spoke about people and their needs. One member of staff told us, "You just get so very attached." People living in the service also spoke highly of staff, one person said, "The staff are my friends I feel perfectly at home." Another person said, "They could not be kinder." One relative told us that, "My [relative] tells me that this is their home and they love the staff and the staff love them back." We observed that staff treated people as individuals and gave them the time that they needed. People were relaxed in the company of staff and we saw staff taking the time to sit and talk with people. Staff told us that this was encouraged and it was, "Lovely to spend time with people, without being on edge and needing to get on with the next job."

The importance of doing the right thing and going the extra mile was underpinned by the management and

office staff who were all proud of the service they provided. We observed that one person's newspaper had not been delivered but the administrator went out to the local shop and placed the newspaper beside the person. This was undertaken unobtrusively and quietly without any request having been made. Another person told us that they had become unwell and had been admitted to hospital but the manager, "Came and sat with me from 11:00 till 6:00, to ensure that I wasn't left alone and in distress".

We saw other examples where the management of the service had with individuals agreements advocated on their behalf. For example seeking funding from local charities to fund items to promote peoples independence and interests or liaising with the local volunteer bureau to organise a visitor for an individual.

People were enabled to make decisions about their care and express their views about how they should be supported. Care plans were detailed and informative and set out peoples preferences such as how they wished care to be delivered as well as practical things such as whether they wanted a key to their room. Staff were knowledgeable about communication and how people made their views known, for example we observed that staff were attentive to one person's body language and knew when to step in to offer support. People were offered choices throughout the day and staff listened and responded promptly. We noted that the table was nicely set for lunch but one person mentioned to the staff member that they found the water glasses heavy and difficult to lift, the member of staff immediately changed the glasses to a smaller more lightweight glass and offered to change the glasses for other people at the table.

People were supported to maintain their skills and their independence was promoted. There was recognition of the importance of maintaining skills and its part in building a person's self-esteem. For example, a significant number of people retained responsibility for all or part of their medication. Some individuals were enabled to maintain interests outside the service and attend local groups in the community. Care plans focused on what people could do, so for example one person was enabled to dress themselves but needed help with buttons and fasteners. We saw that one individual's changing health needs had impacted on their ability to participate in some in house activities, but staff were very aware of this and stepped in to do what was needed to enable the individual to continue to enjoy the activity. Another individual was supported to purchase and use a mobile phone enabling them to maintain contacts with the younger members of their extended family.

People were treated with dignity and respect. The interactions we observed were respectful for example a carer asked an individual whether he needed any assistance in cutting up his food. The member of staff did not assume help was required and did not simply intervene. They asked the person in a polite and quiet away from the hearing of other individuals. The person declined help and the member of staff respected this.

Staff were clear that this was people's home and their views were key to how the service worked. One member of staff told us, "It is how it should be...we are in their home." A number of staff spoke about the culture of respect within the service and told us that this applied to how they spoke to residents and families but also to each other.

The manager told us that they tried to speak individually with residents within the service weekly and there had been significant consultation with people about the recent building work and we were told that colour schemes were voted on and people choose their own curtains for their rooms. This work was now complete and there were plans to re-introduce a suggestions box and more formal meetings. Surveys had been undertaken and we saw that outcome which was overwhelmingly positive. The manager told us that any suggestions made such as changing the type of coffee had been addressed.

Is the service responsive?

Our findings

People told us that they received care which met their needs. One person said, "I feel spoilt here". Another person said, "The staff are so helpful and obliging."

Pre-admission assessments were undertaken before people moved into the service and this information was used to develop a plan of care. One person told us that the manager visited them at home and, "Did a proper assessment and talked to us about my care." They said that they then came and spent the day in the service and had a tour of the building before making any decision, "It was absolutely great, they answered all my questions."

Care plans were personalised and detailed peoples care needs and preferences. Information was included about their background and interests, the times that they would like to get up and whether they wanted to be checked at night. Clear information was included about the support of personal care and communication and detailed the care of any hearing aids and dentures. Guidance was provided for example on how staff should support an individual with drinks and detailed the type of glass they preferred and how staff should support them to drink as they had a weakness on one side.

Care staff reviewed care plans on a monthly basis and the manager had oversight of the electronic system on which staff imputed key details about changes and how care was delivered. A communication book was in place and supplemented by handover meetings at the beginning of shift changes. We observed the handover as part of the inspection and noted that it was comprehensive and staff were given the information they needed to support people.

People had access to a range of interesting and varied activities. There was an activities programme which listed what was on when. One person told us that the days go quickly, they have breakfast, and before long it was coffee time, then they do an exercise class followed by lunch with a glass of wine. In the afternoon they spent time with friends and have tea and cake followed supper and before they know it is time to go to bed.

People told us there had been a garden party the previous day and the service was due to participate in the local open gardens the following week. We observed people using variety of areas to relax including the conservatory and gardens. There was a range of puzzles and games available including some in large print. The service employs staff who organise activities and we saw one of them playing a game with an individual. One person we spoke to told us that they did not take place in some activities but said that staff were very responsive to her needs and would take them into town for a walk.

We observed a chair based exercise class which six people participated in and two people observed and seemed to enjoy the accompanying music. It was a well led activity that induced much laughter and enjoyment and it was clear that this was a regular activity.

Later in the afternoon there was a group activity based around the Countdown TV show. Using a homemade board, letters were selected and placed on the board, with participants asked to make up words

from the letters. It was clearly another popular and enjoyable activity.

People we spoke with told us that they had no need to make a complaint and the manager was approachable and they did not have any hesitation in speaking to her. The manager told us that they had an open door policy and aimed to deal with any issue no matter how small immediately. We saw that there was a complaints policy and any concerns which were raised were investigated and formally and promptly responded to. A record was also maintained of compliments and we saw that a number of positive comments had been received including one relative had written that their relative, "Could not have been in better hands."

Is the service well-led?

Our findings

People and relatives told us that this was a well led service. One person said, "It's a well-motivated and well organised team and lots of the staff have been here a long time." Another person said, "It's so nice." A number of people spoke about the atmosphere of the service being relaxed and the calm approach of the manager, who they said supported staff and people living in the service through the trials and tribulations of the recent building work.

Staff told us that they were happy at the service and that moral was good. They told us that the principles of respect and the promotion of dignity was evident in the day to day life in the home, in how the staff spoke to each other and how they were treated by the management of the service One member of staff told us, "Everyone is friendly with each other here."

Staff knew what was expected of them and told us that they were well supported and felt valued. We saw that staff had meetings with the manager to discuss their progress and supervisions and appraisals were undertaken. One member of staff said that they felt "appreciated" and listened to. They said that the manager worked with them to sort out any issues such as for example where an individual needs had changed and they needed greater levels of support. They told us that, "They loved the job and would never leave the service until they had to retire."

The manager was accessible and visible. They were knowledgeable about the needs of the people who lived in the service and were able to tell us about their care. We observed them working alongside care staff to deliver care at busy periods such as mealtimes.

People who lived in the service knew the manager and they referred to them by name. One person described them as, "Quite a treasure." Another said, "The manager is a dear".

We observed the manager directing staff in a positive way. The manager understood their responsibilities around key areas such as safeguarding, keeping people safe and improving their wellbeing. They were supported by a deputy manager and senior carers who led the individual shifts. However, the manager continued to have oversight of areas such as care planning and incidents monitoring. They told us that they visited the service out of office hours, such as evening and weekends and this was confirmed by staff.

The provider had systems in place to check on the quality of the care and identify areas for improvement. The manager told us that the chief executive visited on a six week basis and in addition there were visits from trustees and the society's welfare officer. Audits were undertaken on areas such infection control, medication, health and safety and finances.