

Mrs Sarah Jane Slack & Mr David Michael Slack

The Manse Residential

Home

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

The Manse is a residential care home for 21 older people. The home is close to Castleford and Pontefract. The home has accommodation over two floors.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People received support which was individual to their needs, and risks were minimised wherever possible. Staff received training and support which helped them be effective in their roles. We saw people chose what they would like to do with their time and who they spent this with. The registered manager ensured the quality of the service was monitored, and improvements were made when required. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Manse Residential Home

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 checked 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 was a comprehensive inspection which took place on 16 November 2017 and was unannounced. At the time of inspection 18 people were living at The Manse Residential. The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority and Healthwatch, to ask if they had information about the service they could share with us. Healthwatch is an independent consumer champion that gathers feedback from people about health and social care services in England. No information of concern was shared. We looked at three people's care plans and three medicines administration records, including medication stocks relating to people using the service. We also looked at records relating to the running of the service including: two staff recruitment files, records relating to training, supervision and appraisal of staff and quality monitoring activities.

During the inspection we spoke with three care staff and the registered manager. We spoke with five people who used the service about their experience of using the service, their impression of the quality of care and support they received, and whether they had any concerns about the service. We spoke with three relatives.

Is the service safe?

Our findings

We asked people living at The Manse Residential Home if they felt safe living there, they told us, "It feels safe here." Another person said, "I feel very safe here, there's always someone around." A third person said, "Feel safe here, never left by myself. There's enough staff, but I sometimes have to wait at night, but not for long." A relative told us, "Our relative is very safe here, very happy – did nothing but cry for six months at the previous home but loves it here." A second relative said, "My relative is very safe here, no worries."

People were protected from abuse and harm by staff who understood the principles of safeguarding and understood when and how to report any concerns. The staff said they had confidence the registered manager would act appropriately on any concerns brought to them. One member of staff said, "I would not hesitate to report anything here. I do not have any concerns though."

We saw accident and incident records completed across the three units. The registered manager had a good insight into these and said lessons learnt were consistently addressed at team meetings. This was confirmed in our discussions with staff

People had appropriate risk assessments in place There was guidance in place for staff to follow to ensure risk was always minimised where possible. Staff told us they were aware of people's risks in relation to their care plans. One member of staff said, "I always follow the care plan then I know I am following the right practice." The provider had a proactive approach to positive risk taking.

We saw staff throughout the day support people in the home. Staff told us, "We are not short of staff here." Another member of staff said, "We do not use agency staff. We don't need to." We looked at the rotas and these confirmed there was enough staffing to support people's individual needs.

We asked people if they knew what medication they took and did they get it on time. One person said, "I know what tablets I'm on – and I always get them on time."

Medicines were managed safely and stored securely. We found records relating to medicines administration were up to date and completed with no gaps. Stocks of medicines were checked at each handover, meaning any errors would be identified in a timely way.

The home was clean and well maintained. We saw the maintenance equipment was up to date and on going maintenance was taking place in the home.

Is the service effective?

Our findings

We spoke to people about staff knowledge. One person said, "They have a good understanding of my needs, they care about me, we all get on." Another person said, "Staff are lovely, they are there if I need them."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection six people had a DoLS on place and another had been applied for.

Staff had received training and understood the requirements of the MCA and DoLS. The registered manager told us about the people using the service who had a DoLS authorisation. We saw mental capacity assessments and best interests decisions recorded in people's care files. We saw people's relatives and advocates had been involved in the decision making process. We saw evidence in care plans in relation to involvement from outside professionals.

Staff we spoke with told us they received supervision and felt supported by the registered manager to do their work. We saw evidence of regular supervision and on going appraisals in the staff files we reviewed. We saw training was identified and completed by staff. One member of staff said, "I do a lot of training but it's good. It keeps me aware of what is new and to make sure I am doing my job well."

Staff understood the importance of promoting healthier diets and said they made suggestions when appropriate but respected people's right to eat the diet of their choice.

We observed lunch being served in the dining room a light, bright room where tables were set with matching cutlery, condiments and glasses of squash. People could choose where to eat their lunch. People in the dining room looked relaxed. People told us they enjoyed the food. One person said, "It's good plain food." Another person said, "Good cook asks us if we want her to change the menu." A third person said, "All fresh vegetables, all cooked from scratch."

We saw people's rooms were decorated individually to the person's preferences and choices.

Is the service caring?

Our findings

People we spoke with said they were well cared for by staff. One person said, "They are all good workers here, work very hard, never stop."

We observed interactions between staff and people throughout the day. We observed many instances of kind and compassionate behaviour. For example, Staff knew everyone by name, knew their likes and dislikes – their preferences when the drinks came around throughout the day, staff knew who liked which biscuits, how many sugars and who preferred a cold drink and piece of fruit.

People were clean and appropriately dressed. People told us they choose which clothes they wanted to wear and colours were very well coordinated. People were supported to wear a watch or jewellery of their choice. One person told us, "Staff like to see us looking nice and we like looking nice."

We observed staff knocking on people's doors before they entered. One staff member said, "I would not just walk in we always knock." We observed staff were caring and considerate in their interactions with people. For example, we saw one person becoming upset, a member of staff reassured the person and sat and chatted with them for a while having a drink together.

We spoke to three people and two visiting relatives who told us they had been involved in setting up care plans and had attended reviews. One person told us, "I think of these staff as my family now. They all know my family by name. There's not a lot of change in the staff here, and if they leave, it's because of personal problems. Nothing to do with the home."

Is the service responsive?

Our findings

We asked people if they received the care and support they needed in the way they want it, and do staff discuss their care needs with them. One person said, "They have a good understanding of my needs." A second person said, "Staff help me shower." A third person said, "Never really talked to staff about my needs, just go to bed and get up when I want." People told us they had control over their daily routine. One person said, "I wash and dress myself, choose what to wear and get up when I want."

People's preferences were well documented. For example, plans were reviewed regularly to ensure they remained up to date and responded to changes in people's needs. We saw people participated in this process. Where people preferred to have additional support from family and friends, we saw this was respected.

We observed activities in the home on the day of inspection. People were throwing balls to each other, followed by an outside entertainer who arrived in the afternoon to do a quiz with people. Staff also showed us examples of reminiscent conversation sheets, designed by the registered manager, to help initiate conversations with people. Topics ranged from childhood, pastimes through to the kind of jobs people had, the fashions they followed and their extended family. These sheets were supported by pictorial aids in illustrated 'Memory Books'. A range of knitted soft dolls, paperback books and traditional games were also available in the lounge. We saw people engaged in these activities.

We asked people and their relatives if they knew how to make a complaint. Everyone we spoke with told us they knew how to complain. One person said, "I would talk to manager." A relative said, "Management is alright here, as homes go. I've no worries about approaching the manager." A second relative said, "No worries about approaching manager." A third relative said, "No concerns, but would go to the manager if I had any problems." There had been no complaints since the last inspection.

We saw in people's care plans information on end of life. People and their relatives were actively encouraged to complete and discuss information relevant to the person. The registered manager said, "We try and discuss this with people and their families as sensitively as possible but making them aware of the importance of doing this."

Is the service well-led?

Our findings

At the time of inspection there was 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.

We reviewed what the provider told us in the PIR. The PIR stated, 'The manager has an open door policy where she is always available to discuss any concerns the clients or families have and strives to resolve to everyone's satisfaction. Staff meetings, monthly staff newsletter and visitor's newsletter to keep staff and families informed of any changes and inviting them to voice their opinions and concerns.' We found evidence at the time of inspection to support this.

Without exception, everyone spoke highly of the registered manager. Everyone knew the registered manager's name and felt able to talk to them.

Feedback questionnaires had been completed which showed staff, people, relatives and outside professionals agreed with how the home was well run. One person had commented, 'Like it here the lasses are nice, people knock on my door before entering'. A professional said, 'They are professional and welcoming'. One relative said, 'High level of care'. One staff member said, 'No concerns'. Another staff member said, 'Don't think we need any improvements staff continue to work well'. We saw the registered manager had completed an evaluation in relation to the feedback received. The registered manager said, "Feedback was good we will continue to provide good levels of care."

There were systems and processes in place to ensure the quality of the service was kept under review, and improvements put in place where necessary. The registered manager had good systems in place to maintain and drive standards forward. Audits included accident and incident analysis, medication audits, walk round and supervision and training. Where issues were identified, action was taken. For example, staff training had been identified for staff and this had been actioned by the registered manager.