

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

# Summary of findings

## Overall summary

About the service:

Manson House is a residential care home, providing personal care and accommodation for people aged 65 and older. At the time of our inspection 29 people were living in the service.

Manson House is owned by the Royal Agricultural Benevolent Institution.

People's experience of using this service:

People were safe living in the service. Risks had been identified and people told us they felt safe and well looked after.

Staff were kind and caring and supported people to be as independent as possible.

People had access to healthcare professionals when required.

Staff knew how to care for people. Staff used their skills and the resources and equipment provided so they risk of accidental harm or infections was reduced. People were supported to have the medicines they needed to remain well and as prescribed.

People were supported to eat and drink. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The registered manager had clear oversight of the service and worked alongside staff. Staff were respectful of the register manager and told us they were approachable and supportive.

We found the service continued to meet the characteristics of a "Good" rating in all areas; More information is available in the full report.

Rating at last inspection:

Good (The date of the last report published was 17 August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service in line with our re-inspection schedule for those services rated as Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remains Good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remains Good.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service is caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remains Good.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remains Good.

Details are in our Well-led findings below.

Good ●

# Manson House

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection team consisted of one 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.

#### Service and service type:

Manson House is a care home. People in care homes received accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service what the service does well and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with six people who use the service and two family members to ask about the experience of living in the service, we also spoke with a visiting health care professional.

We spoke with the registered manager, deputy manager, four staff including the chef and one of the trustees. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People continued to be safe and protected from avoidable harm. People's needs were assessed and plans were in place and followed to promote their safety.

People told us they felt safe. Comments included, "I've been here for over three years. They gave me this necklace (pointing to pendant worn around her neck) but I've never had to use it; there is always someone around if I want anything" and "I wouldn't want to be anywhere else. I can't see or hear very well but they look after me and I feel very secure here."

Systems and processes to safeguard people from risk of abuse:

- The provider had processes in place to protect people from abuse. Staff could tell us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- Risks to people continued to be assessed and were managed safely. Staff were able to tell us how they supported people to minimise the risk for example of falls. We observed staff supporting people to move around the service as independently as possible, whilst ensuring there were no obstacles in the way.

Staffing and recruitment:

- Staffing levels were appropriate to meet the needs of people using the service. All staff spoken with said they felt there were sufficient staff on duty. Our observations throughout the day found staff were available to meet the needs of people living in the service. People's call bells were answered without delay.

- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely:

- People continued to receive their medicines safely. Staff had received training on how to manage and administer medicines.

- The provider had systems in place to ensure that medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

- One person told us, "I am on warfarin so the staff take great care to get it right. I have to get regular blood tests to check I'm ok but I've never had a problem with it. I'm relieved that someone else is responsible for checking."

Preventing and controlling infection:

- Staff completed training in infection control. The service was clean and free from any odours. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong:

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's care, treatment and support continued to achieve good outcomes, promoting a good quality of life.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence based guidance that achieved effective outcomes.
- Care plans were regularly reviewed and updated to ensure people's changing needs were met.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled; and carried out their job roles effectively. Many staff had worked in the service for many years and therefore knew people very well. Staff told us they received training and were positive about the training programme. As well as mandatory training, staff also received specialist training for example, Parkinson's and diabetes.
- Staff told us they had regular supervision meetings with the manager to support their development. Competency assessments were carried out by senior staff to ensure staff were following best practice. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.

Supporting people to eat and drink enough with choice in a balanced diet:

- Most people told us they enjoyed the food and were given the opportunity to have input into the menus. Some people said their evening meal was served too early. One person told us, "The food's good on the whole, once or twice it's been a bit cool for my taste. It's nice to have fresh vegetables. My only gripe it that 5pm is too soon to have supper and I would like it later; too long to wait for breakfast." More than one person commented that the evening meal was too early. We discussed this with the chef and the registered manager and were told people have access to snacks and sandwiches but they can request something hot later if they wish. Minutes of residents meetings confirmed this. The chef was knowledgeable about peoples likes and dislikes as well as people who were on a specialised diet.

Staff working with other agencies to provide consistent, effective, timely care:

- The service had clear systems in place for referring people to external agencies. Any input from health professionals was clearly documented in people's care plans with any outcomes or actions to be taken.

Adapting service, design, decoration to meet people's need:

- The environment was bright and airy and well decorated. Peoples rooms were personalised and the communal areas were homely and inviting.
- The registered manager told us they had plans to extend the laundry area to give the domestic staff more



room. Maintenance was ongoing as the service had its own maintenance staff. The extensive garden area was well kept with a new summer house and people told us they loved to spend time in the garden in the warmer weather.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to services such as the chiropodist, optician and dentist. Some people could access these independently. One person told us they had recently had a fall and the GP was called and their family informed as per their wishes.
- The service had a good relationship with other health professionals. One health professional told us, "The home is very good in communicating they definitely know people well."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection the registered manager informed us some people had been referred for a DoLS authorisation and some were still pending.

- People's care plans contained clear information about their ability to make decisions on a day to day basis. Staff ensured people were involved in making any decisions and were clear about making sure any decisions were taken in people's best interest.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

The service involved people in their care and treats people with compassion, kindness and respect.

Ensuring people are well treated and supported; equality and diversity:

- We observed staff interacting with people. Staff spoke with affection about the people they supported.
- Staff took time to speak with people and to listen to what they had to say. People obviously felt safe and comfortable in the presence of staff. One person told us, "yes, everyone is here to look after me, there's always someone poking their head round my door to see if I need anything." One relative told us, "We have found all the staff, cleaners, care and kitchen staff, to be very competent and genuine. The staff come in and chat to [name of relative] even if it's just for a few minutes. I've never heard anyone say a bad word or even a raised voice. I think her care is wonderful, and they still encourage her to be as independent as possible."

Supporting people to express their views and be involved in making decisions about their care:

- People told us they were given plenty of opportunities to express their views. One person told us, "We have had resident's meetings and the management do listen to you." The registered manager told us they also had 1:1 meetings and found these to be more productive as some people had hearing problems or were not happy to speak out in a group meeting.
- We observed some people had visual impairments and needed to use equipment to enable them to read. We noticed there were some large print books available in the library. However, the menu was printed on a small piece of card this would have been more accessible in larger print format as some people were struggling to read it when choosing their meal for the next day. The manager told us they would ensure this was in place for people that required it. Coloured crockery can also help people with visual impairments to eat independently and differentiate between different food types. The manager told us they would discuss this with the staff team as they did have access to different coloured crockery.

Respecting and promoting people's privacy, dignity and independence:

- People told us the staff encouraged them to do as much for themselves as possible. One person told us, "The staff will let you be as independent as you can but will always help you if you need them to."
- Staff treated people with dignity and respect. We observed staff knocking on doors and closing doors behind them when they entered someone's room.
  - People told us they could have visitors at any time. One relative told us that they were always welcomed when they visited. One floor had a small kitchen area where visitors could make hot drinks.
- People's records were kept securely and computers were password protected. Staff knew how important it was to keep people's information confidential.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care:

- Care plans were detailed and contained clear information about people's specific needs, their personal preferences and how they wished to be supported. Each care plan was regularly reviewed and updated to reflect any changes.
- People's spiritual needs were met. The service had a cathedral service once a month along with a prayer group. Some people could independently attend the church as the service was situated in the middle of the town.
- People were enabled to follow a variety of interests and activities. Ideas and events were discussed at resident's meetings. The service employed activity staff who supported people with activities and outings. In addition to two volunteers came in to the service and supported people with activities.
- The service held several fund-raising events throughout the year and invited the public to join them. These included open gardens, fetes and coffee mornings. The service also arranged trips to nearby attractions, most chosen to appeal to the agricultural background of the people that lived in the service; these included a visit to the Newmarket Stud, nursery gardens, farm implement museum and the zoo. The calendar also included annual events including harvest festival, in conjunction with a local school; Hog Roast in September (also a fundraising event); Summer and Christmas fairs. Two pantomimes visited at Christmas which were very popular with people. Two schools visited to sing carols at Christmas.
- The activities coordinator told me that they tried to visit every resident every day, they exchanged information with the care team to ensure that any identified needs were met.
- People told us they had plenty of activities to do within the service. One person told us, "There is always something going on if you want to join in I like to spend time in my room." People from the nearby sheltered housing were invited into the service for a coffee and to chat with people.

Improving care quality in response to complaints or concerns:

- People knew how to raise concerns or complaint they may have. One person told us, "Yes, I would know how to complain but never had to and I have been here some time." One relative told us, "I am aware of the written complaints procedure, but I feel I could talk to the management anytime they are always ready to listen."

End of life care and support:

- People care plans contained information regarding people's preferred end of life care. Compliments seen included family feedback praising the help and the empathy shown by the staff during their relatives end of life care.
- The registered manager told us they had access to the local hospice for training and support around end of life care.



# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. They assured person-centred high-quality care and a fair and open culture.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager was committed to ensuring all staff promoted a person-centred high quality of care. The management team all wanted to achieve the highest possible outcomes for people.
- The registered manager was supported by a deputy manager who supported them in the day to day running of the home.
- Staff told us they felt fully supported by the management team who were approachable. One staff member told us, "We work as a team the manager is really approachable and supportive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager was experienced and knowledgeable and led by example. The staff had the upmost respect for them.
- To support the service's own quality assurance processes, the provider sourced the support from an external health and safety consultant. The registered manager told us that this person visited the service and completed audits twice a year. In addition to this, members of the service's committee visited the service and there were monthly committee meetings and annual general meetings.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff:

- Staff meetings were held regularly and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives.

Continuous learning and improving care: Working in partnership with others:

- The registered manager told us they kept up to date with current legislation by attending care conferences and using the local authority.
- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dietitians, speech and language therapists, GP's and district nurse. This ensured a multi-disciplinary approach to ensure people received the appropriate level of care and support.

