

Ranc Care Homes Limited

Manton Heights Care Centre

Inspection report

Woodlands, off Manton Lane
Bedford
MK41 7LW
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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 

Overall summary

Manton Heights Care Centre is a purpose built care home with accommodation provided from three units over two floors. The home currently provides residential care for older people and people with dementia care needs. On the day of our visit, there were 62 people living in the home.

The inspection was unannounced and took place on 21 and 22 September 2015.

The service did not have a registered manager although the manager, who was new in post, had submitted their application to the Care Quality Commission (CQC) to become 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 felt safe in the service and confirmed that staff kept them secure and free from harm.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report potential abuse.

Summary of findings

Risks to people were identified and plans put into place to enable people to live as safely and independently as possible.

Accidents and incidents were recorded and the causes of these were analysed so that preventative action could be taken to reduce the number of occurrences.

Robust checks took place in order to establish that staff were safe to work with people before they commenced employment.

There were sufficient numbers of staff available to meet people's care and support needs.

There were effective systems and processes in place to manage people's medicines.

Staff understood their roles and responsibilities in relation to the provision of care for people. They were supported by the manager to maintain and develop their skills and knowledge through on-going supervision and regular training.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had choice of good, nutritious food that they enjoyed. We found that people's weight was monitored, with appropriate referrals made to the dietician when concerns were identified.

Referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being.

Staff cared for people with warmth and compassion.

Relatives were involved in the review of people's care needs and were kept informed of any changes to a person's health or well-being.

There were regular meetings for staff which gave them an opportunity to share ideas, and give information about possible areas for improvements to the manager.

People and their relatives knew who to speak to if they wanted to raise a concern. There were appropriate systems in place for responding to complaints.

The service was led by a manager who was well supported by a robust management structure.

The manager and staff told us that they wanted to provide good quality care for people. As a result, quality monitoring systems and processes were used effectively to drive future improvement and identify where action needed to be taken.

Summary of findings

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 was safe.

Staff had received training on the safeguarding of people and felt able to raise any concerns they had about people's safety.

People had risk assessments in place, which enabled staff to promote positive risk taking. They were reviewed on a regular basis.

There were enough, experienced and skilled staff to meet the needs of the people at the service.

Robust recruitment systems were in place to ensure that staff were suitable to work with people.

Suitable arrangements were in place for the safe administration and management of medicines.

Good



Is the service effective?

The service was effective.

Staff were provided with regular training to develop their skills and knowledge to enable them to perform their duties effectively.

People's rights had been protected from unlawful restriction and decision making processes. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People's nutritional needs were appropriately met.

Staff ensured that people's health and social care needs were met.

Good



Is the service caring?

The service was caring.

Staff were compassionate and caring in their approach to people, supporting them to be as independent as possible.

People were encouraged to make their own choices where possible with support from staff.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

Good



Is the service responsive?

The service was responsive.

People's care plans were reviewed and updated as their needs changed so that they could be met consistently.

People had access to a range of social activities and were encouraged by staff to pursue their individual interests.

People and their relatives were encouraged and supported to provide feedback on the service. They knew how to make a complaint if this was required.

Good



Summary of findings

Is the service well-led?

The service was well led.

Management arrangements were in place to ensure the effective day to day running of the service.

The provider had robust systems in place to monitor and improve the quality of the service people received.

Good



Manton Heights Care Centre

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 21 and 22 September 2015 and was unannounced. The inspection was undertaken by two inspectors 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are

information about important events which the provider is required to send us by law. We spoke with the local authority and health and social care professionals to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities.

We spoke with 20 people who used the service, three relatives and two healthcare professionals. We observed a further ten people who were unable to communicate effectively with us because of their complex needs. We spoke with the general manager, three unit managers, seven care staff, two activity staff and one member of the kitchen staff.

We looked at 17 people's care records to see if their records were accurate and reflected people's needs. We reviewed eight staff recruitment files, four weeks of staff duty rotas, training records and further records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us that they felt safe and secure, both within the service and with the support they received from staff. One person said, “They always check on me and know what I need. That keeps me very safe.” Another person told us, “You never want to move into a home but when I came here, I knew it was right for me. I felt looked after and that made me feel safe.” All the other people we spoke with made similarly positive comments. Relatives of people who lived at the service also told us that staff were good at keeping people safe and that this gave them some reassurance.

The staff we spoke with had a good awareness of how to keep people safe. They understood local safeguarding procedures and the different types of potential abuse that existed. One staff member said, “I would go to my manager and report concerns if I had them, or straight to the local authority safeguarding team if required.” Another staff member told us, “We always make sure people are ok, we have good communication here and the management respond to us when we need them.”

Staff told us they had received training on safeguarding procedures and we confirmed this by reviewing their records. We also found that the manager had set out future training dates so that all staff would receive current safeguarding training. We saw that there was a current safeguarding policy in place to guide staff. In addition to this, information about safeguarding was displayed on a noticeboard on the ground floor, together with details of the telephone numbers to contact should people wish to. Records showed that staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these.

People all had risk management plans in place to address different risks around their support. The staff we spoke with felt confident that the care plans and risk assessments helped them support people safely. One staff member said, “We know that we need to complete them to help keep people safe. They guide us to make sure that risks are minimised.” We found that the actions that staff should take to reduce the risk of harm to people were included and that any triggers for behaviour that had a negative

impact on others or put others at risk, were detailed along with steps that staff should take to defuse the situation and keep people safe. Risks were managed in such a way as to keep people safe.

Accident and incident recording procedures were in place and showed that the manager had been made aware and action taken where necessary. Staff told us that accident and incident forms were completed appropriately and we saw evidence of completed forms within people’s records. We saw that a monthly analysis of these was produced to identify any trends or changes that could be made to reduce the numbers of these. This was used to identify ways in which the risk of harm to people who lived at the home could be reduced.

We observed that fire safety equipment was regularly checked and that fire drill procedures and evacuation plans were present and up to date. We found that environmental risk assessments had taken place within the service. The manager told us that these assessments had been carried out to identify and address any risks posed to people by the general environment. The service also had a continuity plan in place, in case of an emergency, which included information about the arrangements that had been made for major incidents, such as the loss of all power or the water supply.

Staff were recruited safely into the service. One staff member told us, “All staff here are Disclosure and Barring Service (DBS) checked before they can start, and have two references.” All the staff files we observed during inspection confirmed this. The manager told us that staff employed by the service had been through a thorough recruitment process before they started work. This was to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. These included reference checks, DBS checks and a full employment history check. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

People told us there was enough staff on duty. One person told us, “We have a lot of staff here, it’s rarely understaffed.” Another person told us, “I think staff numbers are better now than they have been.” A relative said, “Now there are always staff in the lounge – I don’t have to worry about this anymore – and so I can concentrate on Mum.” Both staff

Is the service safe?

and people acknowledged that the staff situation seemed more stable than before and that when agency staff were used, this was with consistent staff members. One staff member said, “Staffing is good, we have time to do what we need to.” Another staff member told us, “We can all get on and spend more time with the residents.” The manager showed us staff rotas which displayed the amount of staff due in across the week; this was consistent with the amount of staff present during inspection. We observed good staffing levels within the home during the inspection, all staff on site were permanent apart from one established agency staff member. There was good mix of staff skill across the units, with carers, senior carers and team leaders present. Staff considered that they could perform their roles efficiently as there was always a good number of staff on site.

We found that medication was given to people in a safe manner. One person commented, “They look after us here, I can’t do my own pills but I trust them here to do it for me.”

Another person told us, “I don’t know what I would do without them; they give me my tablets when I need them.” We saw that people interacted positively with staff members during the medication round. One staff member explained, “We try to be as respectful as possible during the administration of medication, different people like it in different ways.” We observed the Medicines Administration Records (MAR) charts being followed and saw that the medication was kept securely in locked trollies, that were secured in a locked room when not in use. The home had a monitoring system in place to make sure medication stock levels were accurate. We saw that the amount of medication in stock corresponded correctly to MAR charts, was in date, and could be disposed of appropriately if necessary. We saw that people received their medicines as prescribed and that medicines were stored and administered in line with current guidance and regulations. There were suitable arrangements in place for the safe administration and management of medicines.

Is the service effective?

Our findings

People told us that staff were well trained. One person told us, “I watch them and they know what they are doing.” Another person said, “They are so good with me, they know just what to do.” Staff told us that it was important that they used their skills and knowledge to give the best care that they could. During our inspection, we observed two staff members supporting a person to transfer from a wheelchair and into a high-backed chair with the use of a hoist. The staff members involved communicated with the person throughout, and made sure they were comfortable, as well as communicating with each other to make sure the hoist was being used accurately. It was evident that staff used the knowledge gained within training to ensure that people were supported appropriately.

A robust training programme was in place within the service. The manager told us that this was an area they had recently worked on as they understood how important it was for staff to have the right level of knowledge. Staff acknowledged they had the training they required for their specific roles. One member of staff said, “Yes, we do get lots of training, it all helps.” Another staff member told us, “There is a lot of training and it has got better. We have e-learning and face to face training, so a good mix.” Staff undertook training, which included first aid, infection control, safeguarding and mental capacity. We were also told that training was available in subjects including, pressure care and medication. Training records confirmed that staff had received appropriate training to meet people’s assessed needs.

Staff had been provided with induction training when they commenced employment. One staff member told us, “I had induction training although I had previous care experience. It was good to have this again.” They said that this ensured they were equipped with the necessary skills to carry out their role. Training records confirmed that staff had received a period of induction which was delivered at their own pace so as to enable them to feel supported in meeting people’s assessed needs.

Staff received regular supervision and told us that they had felt supported in their roles. They said that these sessions were useful, allowing them to discuss any training needs or concerns they might have about their performance. One staff member said, “I have supervisions but if I have anything I need to talk about then I know I can go to a team

leader or the manager.” Supervision records were maintained and a rota for supervision dates was available, which meant it was easy to monitor when supervisions were due.

People confirmed that staff asked them for their consent before delivering care. One person said, “Oh yes, they always ask me. I wouldn’t let them do anything without asking but I don’t have to worry about that, they always ask.” Staff told us of ways in which they gained consent from people before providing care; for example, using non-verbal methods of communication, or by direct questioning. One staff member said, “I would not want anyone to do anything to me without asking, so I don’t do that to them.” Our observations confirmed that staff gained consent from people before providing them with support.

When people had been assessed as being unable to make complex decisions, there were records of meetings with the person’s family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person’s behalf were done so after consideration of what would be in their best interests. Staff told us they had received training about the rationale for assessing people’s capacity. One member of staff said, “In this sort of environment, we know that people are not always going to have the ability to make decisions. We are here to support them to make the best ones possible.” We saw the manager was aware of their responsibilities in relation to Deprivation of Liberty Safeguards (DoLS) and was up to date with recent changes in legislation. They had sought and gained authorisation from the appropriate authorities to lawfully deprive some people of their liberty. This ensured that people were cared for safely, without exposing them to unnecessary risks.

People were happy with the food they received. One person told us, “The food is always lovely, if I don’t fancy something, they will always get me something else. I am never hungry.” A staff member said, “People deserve to have what they want and like. We are here for them; we aim to make sure they have everything they like.” We observed people having breakfast and lunch and found that the meal time was relaxed. People chatted with each other and staff and we found that they were encouraged to eat at their own pace. Staff also supported and assisted people when required to eat their meal. We also observed people requesting and being provided with snacks throughout the day. Dietary and food preferences were recorded in

Is the service effective?

people's care plans. People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their intake that provided detailed information on what they had consumed. If people were identified as being at risk of weight loss their food was fortified and they were referred to the dietician or GP.

People told us that they always got to see a healthcare professional if they need to. One person said, "If I need the doctor then they call them, they are good like that." Staff told us that it was important that they acted on changes in people's condition and that they had open access to the local district nursing teams and GP surgeries. During our

inspection we observed one person request a doctor's appointment because they felt unwell. Staff responded by spending time with the person to see what they could offer, as well as booking an appointment that day. We saw the doctor arrive and consult with staff about the person's health later in our inspection. We also spoke with two visiting healthcare professionals who had no concerns about the way in which the service referred people to them. Records showed that people had been assisted to access optical and dental care and, where appropriate, referrals had been made to the dietician or speech and language therapist.

Is the service caring?

Our findings

People and their relatives made positive comments about the care they received from staff. One person told us, “They are all lovely; I wouldn’t say that if it was not true. They do a grand job.” Another person said, “I wouldn’t be without them. If I’m feeling down, they give me a smile and I feel better.” We were also told, “They are all really caring, they do a wonderful job.” We observed staff to be keen and motivated and attentive to people’s needs and requests.

Staff were aware of people’s body language and any non-verbal cues which showed how they were feeling and attended to people with a smile. They paid attention to people and paid them compliments, for example, we heard one member of staff saying, “Look at you looking nice today.” They went on to discuss the person’s loved one coming in to visit them. This made the person feel valued.

People told us that the service was welcoming and friendly. One person told us, “As soon as I came here I knew it was right for me. It was a big wrench to be leaving my own home, but it is so lovely here that helped.” Another person said, “I get everything done, all my food cooked and my laundry done, they make such a wonderful job of it all.” People were observed to be comfortable in their surroundings and were enabled to bring in personal possessions to make their rooms individual and give them some comfort. One person was keen for us to look at their bedroom and took great pleasure in showing it to us as they were proud of how it looked. They told us that staff had helped them to get it how they wanted it to be.

Staff were enthusiastic about the care and support they provided. During our conversations with them they spoke with affection about people. One staff member said, “I love my job, I really do. Why wouldn’t I. When you see people smiling and having fun, enjoying themselves, that makes it all worthwhile.” Another staff member told us, “I’m here to help people, to make sure they get the best.” We were also told, “We had someone that was on controlled drugs due to poor health, but now she is much better and no longer takes them. We felt proud as a staff team because of how we supported her through a difficult time and back to good health.” Staff had pride in their work and wanted people to have the best care they could. They were keen to tell us that morale had improved over recent months and that this improved team spirit had helped them to provide better care.

Each person had a key worker who had the responsibility to monitor and evaluate people’s needs on a regular basis. People told us that staff often asked them how they were so that if any aspect of their care needed to be changed it could be. One person said, “I soon tell them if things have changed but they are always asking me.” Another person said, “I have lots of choices about what to do.” They confirmed that they felt included within their care. We saw that people were asked about their likes and dislikes, choices and preferences and these were documented within their care plan for staff to refer to. We observed that people were offered choice, for example, in relation to the time they got up in the morning or what clothes they wanted to wear for the day. People had been involved in making decisions about their care.

People’s dignity and privacy was respected. One person told us, “The staff always knock on my door.” Another person said that staff were, “Very caring and gentle and respect my dignity. I am never embarrassed or compromised.” We observed people were supported to be suitably dressed in clean clothing and that personal care was offered appropriately to meet people’s individual needs. When we spoke with staff they demonstrated their understanding of how they could maintain people’s privacy and dignity while providing them with the care and support they required. We observed that staff treated people with dignity and were discreet in relation to any personal care needs.

The manager told us that one person was currently using the services of an advocate and that for any others that may require one in the future; the service had available information about local services and how to access an advocate.

There were several communal areas within the home and people also had their own bedrooms which they were free to access at any time. There was also space within the service where people could entertain their visitors and where family members were free to eat meals with their relatives. The manager told us that the home had open visiting hours and we observed this to be the case. On both days of our inspection, visitors arrived early and were encouraged to spend time with their loved ones, to have lunch and engage in any activities that were taking place. There was also a well maintained garden and access to a patio area for people to use.

Is the service responsive?

Our findings

People had their needs assessed before admission to the service. One person told us they were due to leave the service to return home, but that lots of information had been gathered before they came in, so as to ensure that staff could support them. Staff told us once a pre assessment of needs had been completed, that care plans were compiled. This ensured they had enough information to enable them to provide people with individual care and support. We saw that the manager had scheduled pre admission assessments for all possible new admissions.

Staff were able to give an understanding of people's different requirements during our conversations. One staff member told us, "The care plans tell us what we need to know." Records indicated that a needs assessment for each person was completed regularly to ensure that the support being provided was adequate. Staff told us that care plans were important documents and needed to be kept up to date so they remained reflective of people's current needs. Care plans were based upon the individual needs and wishes of people who used the service. People's likes, dislikes and preferences for how care was to be carried out were all assessed and reviewed monthly. Care plans contained information on people's health needs and about their preferences and personal history, including people's interests and things that brought them pleasure. They were written in a person centred way which reflected people's individual preferences. People were encouraged to be involved in the planning of their care and support where possible.

The manager told us that staff held daily meetings to pass on current information or concerns about people who used the service. When changes took place, this information was communicated in a timely manner to all relevant staff. We observed staff throughout both days of our inspection, updating each other and ensuring that people were receiving the correct care when changes had occurred.

Our observations showed that staff asked people their individual choices and were responsive to these. We saw one person being supported by staff to mobilise in a calm and relaxed manner, so that they could safely navigate their way to where they wished to go.

People had numerous opportunities to be involved in hobbies and interests of their choice. One person told us there were a number of activities organised throughout the week. One person said, "Its Messy Monday today, we do arts and crafts." On the second day of our inspection we observed people being supported to access the music and movement activity, which consisted of armchair exercises. This session was well attended and promoted a feeling of well-being, with lots of happy, smiling faces. Those who could not participate were not left out, as staff communicated with them and as a result, they felt included.

The activity coordinator spent time showing us some photographs of a recent trip out to a local zoo. It was obvious that people had gained great pleasure from this activity and staff told us of some of their memories of the day. Photographs of this activity had been placed on the wall for all to enjoy. A display board provided people who used the service with information of what was taking place each day. We spoke with staff who told us they would spend part of each day talking with people who did not wish to participate in any group activity and other people who wished to stay in their rooms to ensure people were not becoming socially isolated. People also had the ability to maintain good links with the local community and had visited a variety of nearby places, including a garden centre and church.

People we spoke with were aware of the formal complaints procedure in the home, which was displayed within the home, and told us they would tell a member of staff if they had anything to complain about. People told us the manager always listened to their views and addressed any concerns immediately. The manager said that they felt they were visible and approachable which meant that small issues could be dealt with immediately; this was why they had a low rate of complaints. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. Records confirmed that although there had been some complaints since our last inspection, these had been dealt with in accordance with the appropriate guidelines.

Is the service well-led?

Our findings

There was not a registered manager in post on the day of our inspection; however, we saw that timely action had been taken by the new manager to submit their application to become a registered manager to the Care Quality Commission (CQC). Our observations and discussions with people who lived in the home and relatives showed that they were felt relaxed and comfortable around the manager who was attentive and available to them should they require this. The people living in the home and their family members said that they would be happy to go to the manager, if they had any worries or concerns, and that they knew they would be listened to. Through discussions with the manager we found that they had a good knowledge of people's care and support needs and any issues of concern that they had.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner. The management structure within the service had recently been changed and now consisted of a manager who was supported by a three unit managers. Each of the unit managers was supported by senior carers and care staff. Staff felt that this structure had improved the provision of care and made for a more robust service, which could deal with any issues that it faced.

Staff told us that there was positive leadership in place with the new manager. This encouraged an open and transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. One staff member told us, "Morale is much better now, we all work together as a team. The new manager has helped to give us some direction so we can move forward." None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive describing ways in which they hoped to improve the delivery of care. We found that staff were motivated, and well trained to meet the needs of people using the service.

When we spoke with the manager we found that they had good knowledge of the needs of people, which staff were on duty and their specific skills. They said that this helped them to get the best from the service and to work to its strengths. The manager discussed how they looked for ways to improve the service, by encouraging people to

express their views and by obtaining feedback from relatives and discussing complaints with staff. They felt that this helped the service to work as a team to discuss what went well, what didn't go well and determine what lessons had been learnt.

People and their relatives had positive comments about the service and the improvements that had been made. One relative had commented, "You all helped to make the transition into residential care much easier." Another relative said, "The carers are so caring and understanding, very respectful." We also reviewed a comment which stated, "The team were very organised." People and staff were keen to tell us that they had noted an improvement in the care and the way in which the service was run.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the manager had sent appropriate notifications to CQC as required by registration regulations.

Records showed regular staff meetings had been held for all staff, including ancillary staff such as cooks and domestics. The minutes showed the manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

The manager told us that they wanted to provide good quality care. It was evident they were continually working to improve the service provided and to ensure that the people who lived at the service were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care.

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. We found that there were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits. We saw the findings from the visits were written up in a report and areas identified for improvement

Is the service well-led?

during the visits were recorded and action plans were put in place with realistic timescales for completion. This meant that the service continued to review matters in order to improve the quality of service being provided.