

HF Trust Limited

The Old Manse

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	

Overall summary

The Old Manse is a residential care home for people with learning disabilities. The home is registered to provide care and accommodation for eight people and is located in the London Borough of Bromley. At the time of our inspection seven people were using the service.

This inspection took place on 9 March 2015 and was unannounced. At our previous inspection on 28 January 2014 the service was meeting the regulations inspected.

There was a registered manager in post at the time of our inspection. 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.

Summary of findings

People told us they liked living at the Old Manse and said staff were kind and caring towards them. Relatives were positive about the service provided and said they could visit at any time. There was a relaxed, friendly and homely atmosphere when we visited.

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers were sufficient to help make sure people were kept safe.

People received care in line with their wishes and preferences. Each person had an individualised support plan and activity schedule to make sure they received the support they required.

People were supported to have their health needs met. Staff at the Old Manse worked with other healthcare professionals and obtained specialist advice as appropriate to help make sure individual health needs were met. We saw that people's prescribed medicines were being stored securely and managed safely.

Staff attended regular training which gave them the knowledge and skills to support people effectively. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were asked for their consent to the care and support they received. Staff were aware where people did not have the capacity to consent to some aspects of their care and acted in their best interests.

People and their relatives said they felt able to speak to the registered manager or other staff to raise any issues or concerns.

The registered manager supported staff to deliver appropriate care and support. There were effective systems to monitor the quality of the service and obtain feedback from people and their representatives.

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?

This service was safe. There were enough staff to meet people's needs and ensure their safety and welfare. Identified risks to people's safety and welfare were being managed appropriately.

Medicines were being stored securely and managed safely.

Good



Is the service effective?

The service was effective. Staff were up to date with their training requirements and had the knowledge and skills to meet people's needs.

People were able to choose what they wished to eat and drink. Staff supported people to prepare and cook their meals as appropriate.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

Good



Is the service caring?

The service was caring. People were treated with kindness and their dignity was respected.

Relationships between staff and people using the service were positive. Staff knew people well and provided care and support in line with their wishes and preferences.

Good



Is the service responsive?

This service was responsive. Staff were knowledgeable about people's care and support needs.

People were supported to take part in activities and to maintain contact with family and friends.

People using the service or their representatives felt able to raise concerns or complaints.

Good



Is the service well-led?

The service was well-led. There was a registered manager in post who was visible and approachable. Staff felt supported in their role and said they did not have any concerns about the service.

There were systems in place to monitor the quality of the service and make improvements where needed.

Good



The Old Manse

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 inspection took place on 9 March 2015 and was unannounced. One inspector undertook this inspection.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is legally required to send us.

During our inspection we spoke with six people using the service, three care staff and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed.

We received feedback from the relatives of three people using the service by telephone following our unannounced inspection.

Is the service safe?

Our findings

People using the service told us that they felt safe living at the Old Manse. One person said, “I like living here, the staff are nice to you and talk to you nicely.” Another person commented, “Yes I do feel safe. If you have a problem, you talk to the staff.”

People were protected from the risk of abuse and neglect. Staff were aware of the safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. They were confident that any concerns raised would be addressed by the registered manager or other senior staff to help make sure people were kept safe. There were no safeguarding concerns at the time of our inspection.

There were systems in place to reduce the risk of harm to people using the service. The majority of people using the service had been living at the service for many years. Staff were familiar with the risks to people and there were assessments and support plans in place to manage those risks. For example, one person’s health needs had changed and additional stair rails put in place to help make sure of their safety. Plans were in place for the person to move to a vacant ground floor room located close to the staff office.

Staff talked about the importance of positive risk taking when helping people become more independent and assessments recorded the benefits to the person in carrying out the assessed activity such as going out independently. Any incidents or accidents were reported to the registered manager of the service. A computerised online system was used by the organisation to both record and monitor these along with the risk assessment documentation for each person using the service.

There were enough staff on duty to meet people’s needs with two support staff on duty during the day along with the registered manager working 9-5 each day. People told us there were enough staff around to help them and the staff spoken with all confirmed that the staffing levels were sufficient to keep people safe and meet their needs.

Staffing rota’s showed that support was provided to accompany people individually or in small groups to undertake activities. One staff member said, “We get extra bank staff if needed.” For example, on the day of our inspection a bank staff member was supporting one person to go swimming. At night there was one staff member ‘sleeping in’ to support people if required.

The service made sure that people’s medicines were stored securely and managed safely. People told us that they received the support they needed with their medicines. One person told us, “The staff do my medicines” and confirmed that they received their tablets every day at the same time.

Each person had a secure cabinet in their bedroom where their medicines were kept. Records showed us that regular checks of the medicines administration record (MAR) charts and stocks of medicines were carried out by staff. The MAR charts we looked at were fully completed and these showed that people were receiving the right medicines at the right time.

Appropriate checks were carried out to help ensure a safe environment was provided that met people’s needs and maintained their safety. Records showed that any concerns regarding the building or equipment were reported and addressed promptly. Fire alarm and hot water temperature tests were undertaken regularly by staff and fire drills were carried out involving all of the people using the service.

Is the service effective?

Our findings

People using the service spoke positively about the support provided by the staff working at the Old Manse. One person said, “The staff look after us very well.” Another person commented, “I do like living here, they are all very kind.”

A relative of one person referred to the home as “absolutely fabulous” and another commented, “The care is very good, we are very happy.”

Staff had the skills and knowledge to support people effectively. Staff said that they received the training they needed to care for people and meet their assessed needs. One staff member told us, “More than enough training, they are quite strict about it but that is good.” Another staff member said “We have quite a lot of hands-on training.” The registered manager had been attending training on the day of our visit and rotas seen allocated time for people to attend training courses.

Records showed that staff had undertaken either online or classroom training across a number of areas including safeguarding adults, fire safety, infection control and moving and handling. Staff also received training in topics specific to the needs of people using the service, for example, around epilepsy, dementia and the administration of emergency medicines. The computerised system enabled the registered manager to monitor staff training and this flagged when a staff member needed to complete a refresher course. We observed the registered manager using this system to discuss the completion of required training with a bank staff member during our inspection.

Staff were supported effectively in their job role. Staff said, and records confirmed, that they received regular one to

one supervision sessions with the registered manager where they could discuss their work and identify any training needs. Staff also told us they received an appraisal each year.

Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty. We saw, where possible, people were involved in decisions about their care and staff were aware that some people did not have the capacity to consent to some aspects of their care. Capacity assessments were used to record any decisions documenting the person’s ability to understand, remember, weigh and communicate the information provided to them and look at what was in their best interests. The registered manager was aware of the Supreme Court ruling and had started to make applications to the local authority for DoLS authorisations for some people using the service.

People told us they enjoyed the meals provided to them. One person said, “Quite nice food, We can choose a different meal when we need to.” Another person told us, “The food is alright, we can choose what we have.” A weekly menu meeting was held and each person was able to choose the main meal with alternative dishes planned for other individuals as required. Support plans recorded information about each person’s food and drink preferences along with any special dietary needs.

Staff supported people to access the healthcare services they needed. The support plans included a health action plan that addressed people’s needs and recorded details of how staff met these. Records showed that staff supported people to attend appointments with their GP, dentist, chiropodist and other more specialist health services. Staff contacted a health professional to ask for further advice about one person on the day of our inspection.

Is the service caring?

Our findings

We asked people about the home and the staff who worked there. People said they liked living at the Old Manse and that staff treated them with dignity and respect. One person said, “They knock on the door three times” before they came into their bedroom. People consistently described the staff as being nice and kind to them.

One relative told us, “[my relative] has not got a bad word to say about the staff.” Another relative commented, “The staff are very warm, you have confidence in the way they care.”

Observed interactions between the people living in the house and the staff supporting them were warm and respectful. People looked relaxed and comfortable with the staff during our visit and they could choose what to do, where to spend their time and who with. Some people spent time in their bedrooms whilst others chose to sit in the communal lounge watching television or talking with staff.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private. One staff member said, “Staff are very caring here, we are very aware of making sure of people’s dignity.” Women using the service only received personal care from female staff members and staff spoken to confirmed that this policy was consistently adhered to.

People’s spiritual and cultural needs were supported by staff and these were recorded in their individual support plans. For example, staff supported a number of people to attend their local place of worship each Sunday.

Staff were knowledgeable about people’s hobbies and leisure interests including their daily routines. During a handover, one staff member talked about their contact with local shopkeepers in order to help people using the service be part of the local community. Care records included essential information for staff that they needed to know to effectively support each person. These included the person’s preferences to help make sure that staff provided them with support in line with their own wishes. For example, the preferred morning and evening routines were documented along with the things they enjoyed doing that were important to them. One person told us that they enjoyed going to their evening social clubs and their support plan reflected this.

People in the service were encouraged to be independent. For example, one person went out to the bank independently on the day we visited. Another person told us that they went to a local coffee shop at the weekend without staff support. A relative commented, “[my relative] has got freedom, the shops are local and they can go out when they please.”

Regular house meetings were held to obtain the views of people using the service. The meetings were used to discuss the planning of holidays and activities and to make sure people were satisfied with the support provided. The minutes had been signed by the people present at the meeting and were reviewed by the registered manager.

Is the service responsive?

Our findings

People told us that they could take part in activities of their choosing. One person using the service told us, “I do like living here, I like watching TV, going shopping and playing games at the centre.” Another person commented, “I go bowling, I go to the club and go to Church on a Sunday.” A third person said, “I’ve been swimming, the staff are alright here.”

One relative told us their family member had “never been happier” since they came to live at the Old Manse saying, “they have got freedom”. Another relative said “They are very flexible and they keep us up to date.” One relative felt that overall they were “pretty satisfied” but would like more activities and things to do laid on.

One staff member told us “We put ourselves out to keep them happy, we build links with the village and focus on their quality of life.” Another person said the team worked well together with people to achieve the things they wanted. Support plans included the things that were important to the person in each area of their life. For example, going on a Summer holiday or attending a club with friends.

Each person had an up to date support plan addressing areas such as social activities, personal care and health. Each plan included the support required for the person and the things that were important to them. A person centred plan (PCP) was additionally available for each person drawn up with them using photographs and symbols showing their likes and dislikes. Staff said that the whole team were made aware of any changes in the care and support being provided at the daily handovers and in staff meetings. Staff acted as keyworkers for people, however, they were not formally documenting the meetings they had

with each person. The registered manager told us they planned to introduce these in the future as they were a further opportunity to involve people in the care planning process.

A schedule of activities including attendance at day placements, home based and community activities was in place for each person using the service. One person was attending a knitting club on the day of our visit and another person had been supported to go swimming. Another person told us they had a new job and were seen to be supported by staff to get ready to go to work.

People were encouraged and supported to undertake activities of daily living including preparing meals, doing laundry and cleaning their rooms. One person told us, “We have got a rota, I like to help with cooking and I do the drying up.” Another person was doing their laundry with support from staff on the day of our visit. Daily records were kept by staff to help make sure people’s individual needs were met. For example, recording their mood, appetite, activities they had taken part in and the support given with their personal care.

People were supported to maintain contact with relatives and friends. Relatives said they were able to visit the service and were made to feel welcome. One relative commented, “We can go over there anytime we want.”

People using the service felt able to make any concerns or complaints known to the registered manager or staff team. One person told us “I would talk to [the manager] if I needed to but I’m alright.” and another person said “I’d talk to the manager or the staff, I feel able to do that”. Relatives said they had no concerns about the service and had not needed to make a complaint. An accessible complaints procedure including symbols and pictures was made available and recent meetings of people using the service included reminders from staff on how to make a complaint.

Is the service well-led?

Our findings

One person told us, “The manager is a nice lady.” Another person said, “The manager is alright, I can talk to her” whilst a third person commented, “The boss lady is very nice.”

Relatives said that they felt able to raise any concerns with the registered manager should they have any. Their comments included, “The manager is fully approachable” and “You can ask them anything.”

The registered manager had worked at the home for many years and demonstrated an in-depth knowledge of the service throughout our inspection. Their desk was located in the main ground floor office which meant she was always visible and accessible in the home.

Staff told us the team worked well together. They said the registered manager was approachable and they felt comfortable talking to her if they had any issues or concerns. They confirmed that the senior organisational management team were also available for support if the registered manager was unavailable. One staff member said, “The manager is very easy to get on with and the regional manager visits regularly.” Another staff member told us, “There is always lots of discussion in handovers. The manager is very flexible and understanding.”

Minutes of recent staff meetings showed staff were involved in discussions about the operation of the service and how

people were supported. We sat in on a handover where staff were given full information about each person using the service and staff discussed what was working for one individual when they supported them.

Records showed the home had systems to regularly check the quality of the service provided and make sure any necessary improvements were made. For example, regular checks were carried out on the medicines to make sure staff were following the correct procedures. The building was checked to ensure that it was safe and well-maintained and individual financial records audited monthly with action taken as required.

A new organisational compliance audit had been introduced based on the Care Quality Commission five key questions. This online tool was made available to the registered manager to assess the quality of service provided. A new observational tool was also being rolled out measuring engagement, occupation and the quality of support provided. This was to be used by a manager from another service to provide an independent review of the support provided at the Old Manse. However we were unable to assess the impact of this at the time of our inspection.

Family and friends were sent an annual survey by the organisation to ask for their feedback. The findings from the 2014 survey exercise had been collated for the registered manager. They showed that people said their relative was treated respectfully and were satisfied with the support provided to them.