

Mancroft Healthcare Limited

Mancroft

Inspection report

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Wolverhampton
West Midlands
WV6 8RS

Tel: 01902742428

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17 January 2024

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06 February 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mancroft is a care home without nursing, which can accommodate up to five people. There is also a supported living premises which accommodates up to three people. At the time of our inspection four people were using the care home service and three were using the supported living service. These included people with learning disabilities or those on the autistic spectrum, people with mental health difficulties, or younger adults.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right Support

Care plan and risk assessments in place were based on people's individual needs. Staff were aware of these and followed them when needed.

Right care

People were protected from potential abuse as staff had received training and they were aware of the procedures to follow if there were any concerns. There were enough staff who were safely recruited to support people. People received medicines when needed by appropriately trained staff and infection control procedures were followed.

Right culture

Audits were completed to monitor the services and make improvements where needed. Staff / The management team? ensured lessons were learnt. Staff felt supported by the management team and were given the opportunity to raise concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Published 10 December 2021).

Why we inspected

The inspection was prompted in part due to a safeguarding concern we had received. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Mancroft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mancroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service also provides care and support to people living in a 'supported living' setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 17 January 2024 and finished on 23 January 2024. We visited the location on 17 January 2024.

What we did before the inspection

We reviewed information we had received about the service since our last inspection, including notifications the provider had sent to us. We also gathered feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

People who used the service used different ways of communicating including eye movements, single words or sounds and body language, we observed these actions as part of our inspection. We spoke with 2 relatives. We also spoke with the registered manager, the nominated individual and 2 members of care staff. We looked at the care records for 3 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to identify and report safeguarding concerns. When needed, these procedures were followed so that appropriate action could be taken to keep people safe.
- Staff had received training and understood when people may be at risk of abuse.
- Relatives we spoke with raised no concerns about safety.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed, monitored and reviewed. When incidents or changes had occurred, plans were updated to reflect this.
- We saw during our inspection people were supported in line with these plans, for example when people went out into the community.
- Environmental risks had been considered to ensure staff had the relevant information to keep themselves and people safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff available to support people. The records we reviewed showed people had received the care they needed at the correct time.
- Relatives raised no concerns about staffing levels. There was a system in place that ensured the correct amount of staff were available for people.
- Staff had received the relevant pre employment checks before they could start working in the home and people's homes, to ensure they were safe to work with people.

Using medicines safely

- When people had 'as required' medicines there were plans in place showing when this needed to be administered. The time people received these was not always documented. Although the records confirmed the time of day these had been administered such as morning or evening, the provider took immediate action to introduce a chart so this could be accurately recorded in the future. Records we reviewed demonstrated appropriate time gaps between medicines.
- Staff administering medicines to people had completed training and their competency was regularly checked to ensure they were safe to do so.

Preventing and controlling infection

- There were no concerns around staff practices in relation to infection control. Staff wore personal protective equipment (PPE) in the home and people's homes. Staff confirmed PPE was available for them.
- Staff had received training and there were infection control procedures in place.

Learning lessons when things go wrong

- The registered manager was able to demonstrate lessons had been learnt when things went wrong. When a previous safeguarding alert had been made, the registered manager used this to make changes in the home. They shared this with staff and introduced new ways of working.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality checks and audits were completed in the service and these were effective in identifying concerns. These covered areas such as medicines management, the care people received and infection control.
- Staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported to by the registered manager. They told us they had the opportunity to be involved with the service and raise concerns.
- The registered manager had notified us about events that had happened within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and relatives spoke positively about the company, home and the care provided. One relative said, "It is perfect for my relation. They love it. It is the best thing they ever did."
- Staff worked closely with people to ensure they received good outcomes. Staff provided examples of this including when they had supported someone to make their own choices.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people who used the service. This information was used to make improvements where needed, however the information we reviewed was positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood and met by the registered manager. When needed they worked openly with people and their families to ensure information was shared.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed, including the local learning disability team.