

Manna Care Ltd

Manna 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:

Manna House is a residential service that was providing personal care to seven adults with learning disabilities and/or autism at the time of the inspection.

Situated close to local amenities, the service appears externally as a domestic property on a residential street. Manna House accommodates seven people in one building. There is ramp access to the front of the house. Bedrooms are situated over three floors. A kitchen, laundry room and lounge are situated to the ground floor. There is a large enclosed sensory garden situated to the rear.

People's experience of using this service:

The service has been developed and adapted in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. (Registering the Right Support CQC policy). People were very much a part of the community and accessed the community and its facilities through socialising and activities. Some people had family members and friends who lived locally and visited them on a regular basis. There was enough staff to support people engage in whatever activity they chose. This helped to promote people's choice, independence and inclusion. The size, layout and staffing arrangements meant that Manna House felt homely. Without exception, people and their relatives told us they considered Mann House as their home.

People received care from staff who had been supported in their role with appropriate training and supervision. Staff were extremely caring and compassionate and knew people's needs and preferences well. Staff did not wear uniforms which helped break down barriers and promote a less formal atmosphere.

Not everyone was able to verbally communicate with us, but our observations showed people were settled at Manna House and considered it as home.

Regular checks and audits were carried out to determine the quality and safety of the care being provided.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs. The service engaged in positive risk taking as opposed to avoiding risk which helped to ensure people had choice and remained as independent as possible.

People were encouraged to express their views and were actively involved in decisions about their care. Information was presented to people in a way they could understand.

The registered manager and registered provider promoted a person centred and transparent culture within the service.

Rating at last inspection:

At our last inspection, the service was rated "good". Our last report was published October 2016.

Why we inspected:

All services rated "good" are re-inspected within 30 months of our prior inspection.

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good."

More information is in our full report.

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 findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

Manna House

Detailed findings

Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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 was completed by an adult social care inspector.

Service and service type:

The service is a residential care provider. It provides personal care and accommodation to younger and older adults living with a learning disability and/or autism.

There was a registered manager in post. 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.

Notice of inspection:

Our inspection was announced.

We gave the service 48 hours' notice of the inspection visit because it is a small service and we needed to ensure people would be available to speak with us as part of the inspection process.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House.

We asked the service to complete a Provider Information Return. This is 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 improvements they plan to make.

We spoke to two people who used the service. Most people were out and engaged with activities at the time of our inspection and some were not able to verbally communicate with us. We spoke to four people's relatives to give us a better understanding of people's experiences of care at Manna House.

We spoke with the provider, the registered manager and two care staff.

We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse;

- Both people we spoke with and their relatives told us they felt the care they received was safe. One person told us, "I feel very safe living here." A relative told us, "[Loved one] is kept completely safe but still has their freedom."
- Staff received face-to-face safeguarding and whistleblowing training. We spoke to staff to check their understanding of safeguarding people from abuse, maltreatment and neglect and found staff were aware of the procedures in place to follow regarding any suspicion of abuse.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management;

- Systems were in place for checking the environment to ensure it was safe. External contracts were in place for gas, electric, legionella and fire safety. Regular internal checks were also completed. This helped ensure good safety standards.
- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Assessments included guidance for staff to mitigate risks to people to ensure, as far as possible, their protection from avoidable harm. Staff had liaised with other settings in the community (such as local shopkeepers) in the development of people's risk assessments. Positive attitudes to risks were adopted so the person wasn't simply told they couldn't do something they wanted because it was too risky, staff took the time to manage the risk. This helped to ensure people were safe and their freedom respected so they were able to live their life as ordinary as any other citizen as much as possible.
- A 'Staying Safe' folder had been compiled for people to help them stay safe – this documentation was in both written and picture format and contained information on subjects such as bullying, harassment, hate crime, mate crime, online safety, staying safe out and about and human rights.
- Courses such as internet safety were held regularly for people to help increase safety awareness.
- People were provided with 'ICE Cards' to help them stay safe within the community. These cards provided responders with essential information about the person in the event of an emergency to help them return to the service.

Staffing and recruitment;

- Staff were deployed in sufficient numbers to provide safe, consistent care and support. We looked at staff rotas and found there was enough staff to meet people's needs. One person told us, "There are enough staff here to help me with what I need."
- The service did not use agency staff; any sickness or absences were covered by permanent members of staff. This ensured that people received care and support by staff who were familiar with their needs and routines.
- Full pre-employment checks were carried out prior to a member of staff commencing work such as

disclosure and barring service (DBS) checks and references. This helped to ensure that staff members were safe to work with vulnerable people.

Using medicines safely;

- Risk assessments for people's medication had been completed and consideration had been given to supporting the person to manage parts of their medication if they wished. Medication was administered by care staff whose competency was frequently assessed.
- Medication administration records (MARs) contained the necessary information for safe administration of people's medicines. We saw that for people who were prescribed PRN (as and when required) medication, staff attempted diversion techniques before administering this type of medication. This was good practice as it reduced the risk of having to give the person medication unnecessarily.

Preventing and controlling infection;

- Staff received training in infection control. This meant that staff received dedicated training in infection prevention. Staff had access to personal protective equipment, including disposable gloves and aprons.
- During our inspection we observed that the service was clean and well maintained.

Learning lessons when things go wrong;

- Incidents and accidents were reviewed by registered manager all to identify themes and trends. For example, they checked whether there were staff or system related causes to repeated incidents.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- We looked at people's care records and saw evidence of both the person and their relative's involvement in the collating of information. Assessments of people's needs were comprehensive, agreed outcomes and goals were identified, and people's care and support regularly reviewed.
- People were assigned a key-worker. This helped staff to build good relationships with the people they supported and ensured that people received personalised support dependent upon their needs and preferences.
- Staff applied their learning in line with best practice. This helped lead to good outcomes for people and supported a good quality of life. For example, the service subscribed to autism initiatives which acted as a source of resource and expertise.

Staff support: induction, training, skills and experience;

- The service supported staff through inductions, supervisions and appraisals. This meant staff had the necessary knowledge, skills and experience to perform their roles.
- Staff we spoke with were competent, knowledgeable and skilled and felt supported by managers to develop further. For example, most staff had completed external courses in care such as National Vocational Qualifications (NVQs). The registered manager gave up their free time to hold learning clinics to support staff in undertaking their NVQ. These sessions were designed to train and empower staff with the knowledge and confidence to complete their qualifications. Staff told us this made learning an enjoyable experience.
- The service had its own qualified in-house trainers who held an Award in Education and Training in addition to qualifications in a specific subject knowledge. This enabled the service to tailor training to meet the individualised needs of the people living at the service.

Supporting people to eat and drink enough to maintain a balanced diet;

- All meals were home cooked on the premises. We saw that people had free access to the kitchen and helped to devise their own menu planner for the week. The service did not employ chefs or kitchen assistants. This was because the service strongly promoted independence and supported people with doing everyday tasks for themselves, this helped to build on people's confidence. One person told us, "I love getting involved and helping to prepare the vegetables for Sunday lunch."
- Staff supported people to shop for ingredients and prepare and cook meals for themselves. Menus were displayed in both written and picture format. People were able to eat their meals at their preferred time and in their preferred location.
- The service promoted healthy eating and held a weekly healthy eating club where people could sample healthy foods and address topics such as healthy eating, nutrition, exercise and BMI.

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

- The service referred people to external healthcare professionals where appropriate. For example, dieticians, district nurses and GPs. This ensured that people received the care and support they needed.

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

- People were supported by staff to attend any external healthcare appointments. This was important for people who were unable to communicate with healthcare professionals and needed an advocate to speak on their behalf. The service had its own vehicles which enabled staff to drive people to their appointments.

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

- 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 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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found that they were.
- Staff assumed people had the capacity to make decisions, unless they assessed otherwise.
- The service had created small memory jogger cards which were carried by staff. Cards contained key information about the MCA and assessments and helped maintain staff's awareness of consent and capacity.

Adapting service, design, decoration to meet people's needs;

- There was a pleasant and enclosed outdoor space which people assessed freely. Decking and artificial grass had been installed to make the garden accessible to wheelchair users.
- Outbuildings had been installed in the garden area. One room was designated to arts and crafts, another provided a sensory room and there was a designated space for people to enjoy coffee and a chat. The manager told us that these environments were used frequently by people and served as an effective means of calming and reassuring people if they felt agitated or just needed some space and quiet time.
- We saw that people were able to decorate and personalise their bedroom how they wanted.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported;

- We observed positive and warm interactions between staff and the people they were supporting. It was clear that staff knew the people they supported well. Staff were motivated and passionate. One told us, "I love my job, the people here are like family, that's how I see them." Comments from relatives included, "I can go to sleep at night at ease, I know [loved one] is getting well cared for" and "The place is the answer to our prayers." One relative told us that when their loved came to visit, staff would blow dry and style their hair as they knew they enjoyed this, "Staff here go the extra mile, above and beyond."
- We asked staff what equality and diversity meant to them. One member of staff explained, "We cater for the person and what they want. We ensure people are fully included and meet any particular needs they may have."
- Staff also supported people who were admitted to hospital, providing 24-hour care. This provided continuity of care for the person rather than being supported by hospital staff who were unfamiliar to them.

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

- We saw the service adhered to the Accessible Information Standard principles. This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. Service user guides and the complaints policy had been produced in an easy-read format making it easier for people to process and understand.
- A version of people's care plans had been produced in an alternative format which was tailored to them. This enabled the person to understand their care plan and take an active role in its formulation and review.
- People's care records identified and recorded communication impairments. Information was provided to people in such a way they could understand. One person's care record contained a unique vocabulary of words they used and their meanings, this helped staff to recognise the person's use of words and help to ascertain their needs.
- Some people had more complex communication needs and the service catered for alternative methods of communication. Makaton (a system which uses signs and symbols to help people communicate) and PECS cards (picture exchange communication system) were used as a method of communicating with people. Staff supported people with the use of phones, computers and iPads. One person told us, "If there's anything I don't understand I know I can always ask the staff."
- The service held monthly advocacy meetings for people. Meetings were held informally over coffee in a relaxed atmosphere, this encouraged people to speak out in an environment they were comfortable and relaxed in. This provided people with as much opportunity as possible to be independent in planning their own lifestyle and support needs.

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

- People were afforded choice and control in their day to day lives. Staff supported people with activities in the community on a one to one basis. Some people had also been supported by staff to go on holiday. One person had been supported by staff to attend a close relative's wedding some distance away.
- The registered manager told us that staff often volunteered out of their own time to assist with people's visits to their families as they had built up strong relationships with relatives over the years. This in turn helped people feel supported and enhance the quality of their visits.
- People's right to privacy and confidentiality was respected. People told us and we observed that their privacy and dignity were maintained. We saw staff offer people assistance and support in a considerate and compassionate manner.
- The service used privacy screens, these were used by people who wished for privacy whilst in their rooms but preferred not to have their door shut.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- People's care records contained detailed information about people's preferences in relation to their support and treatment. The care plan was used to get to know the person rather than just an assessment of their needs. One person told us, "I was involved in my care plan from the beginning."
- A re-assessment of people's needs was regularly undertaken to ensure that any changes in people's health and support were identified. We saw evidence that people's protected characteristics were recorded such as their religion and culture.
- People were empowered to make choices and have as much control and independence as possible. One person told us, "I have a busy schedule but I have choice over what I want to do." The service employed a full-time well-being co-ordinator to facilitate activities and therapies both on a one to one basis and in group form. Therapies included art and creation, exercise, breathing and relaxation techniques and hand and foot massages. The service had both its own therapy and sensory rooms which were used by people on a daily basis. Comments from relatives included, "[Person] is doing things now they never used to do, it's fantastic to see" and "[Person] has come on leaps and bounds since being here, they are more independent and involved with life."
- People had autonomy over how they spent their time and participated in activities which were meaningful to them. Activities were analysed by staff to determine if the desired outcome and goal was being met, and to see if anything could be done differently to further improve people's experiences.
- People were supported by staff to access activities in the community such as the hairdressers and local shops. Risk assessments regarding people's finances were in place to enable people to manage their own money as much as possible. This helped develop people's life skills and independence.
- People had access to an external day centre. Facilities at the centre included a small farm, salon, bistro, IT suite, music room and a shop. People could choose to participate in accredited courses such as animal care, retail, hair/beauty and catering. Courses helped to develop and enhance people's vocational skills. The service had recently invested in a cash till which had been specifically programmed with images to enable people to easily identify the items being sold. This meant that people had the confidence to 'work' in the shop.

Improving care quality in response to complaints or concerns;

- There was an appropriate complaints management system in place. At the time of our inspection nobody had made a complaint.
- Staff knew how to provide feedback to the management team about people's experiences.
- Managers told us they would use any complaints received as opportunities to improve the service for people.

End of life care and support;

- At the time of our inspection there was nobody receiving end of life care.
- People's care records contained information about their wishes for the end of life care they wanted.
- The manager told us the service worked proactively with other health and social care professionals to ensure people had a pain-free, dignified death. Some members of staff had received end of life care training.

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;

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The service had a comprehensive system of audits to monitor the safety and quality of the service.
- Both the registered provider and manager had a dynamic and person-centred approach and continually strived to improve and adapt in order to meet the needs of the people they supported in a holistic way. For example, they had created 'job' opportunities at the day centre for people who had been unsuccessful in securing employment in the community.

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

- The registered manager was supported by a deputy manager and both encouraged an open-door policy. This ensured transparency in the running of the service and encouraged a positive ethos. Staff we spoke to described the management as being, 'approachable', 'fair', 'open' and 'supportive.' One relative told us, "The management are superb, they make the place feel like a family home."
- Staff told us they felt adequately supported and empowered to make suggestions to management about how to improve practice.
- There was a business continuity plan in place which included information about how to ensure provision of people's care during extreme circumstances. There was also a plan in preparation for Brexit and how this might affect the running of the service.
- The prior inspection rating was displayed prominently within the service and on the provider's website.

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

- We looked at processes in place to gather feedback from people living at the service and listen to their views. Regular meetings were held for people living at the service and people could choose what topics they wanted to discuss. This helped to empower people and ensure they had a say in how the service was run. It was evident the voice of the people was at the heart of the service.
- The service held weekly coffee mornings for relatives of people using the service. This was designed to gather feedback from relatives and to seek suggestions for further improvement.
- The service had a compliments file and we saw written feedback from a visiting professional who had written, "The care and support I have seen people receive is person centred caring and shows a real focus on positive working and living environments."
- The manager held regular staff meetings so that staff could have their say. One member of staff told us that the service respected her beliefs and accommodated them by using alternative members of staff to support

people with their religious faith and values.

- The service took an active role in promoting the well-being of its staff. For example, the service provided staff with access to a free counselling facility. Staff had also participated in a sponsored walk to raise money for the National Autistic Society.
- Awards nights were held for staff, people could also vote and prizes were awarded in recognition of their contribution to the service. The registered provider told us, "We believe in investing in our staff so that they are happy and content in their role and feel valued, this in turn helps to ensure our people get an exceptional level of care and support."
- People were also involved with national events and had signed up to an initiative to perform Thriller at the National Care Awards later in the year.

Continuous learning and improving care:

- The service had created an "emergency hospital bag" for each person which could be taken by staff when taking people to hospital. This contained the person's favourite items to support and reassure them in what could present as a stressful experience.
- People also had 'Hospital Passports'. These documents contained important information about people, for example, medical conditions, dietary requirements and how to best communicate with the person. This helped hospital staff get to know the person and respond to their needs. These measures had been implemented as a result of suggestions made by staff.
- The service had recently installed a defibrillator. This showed that the service was committed to keeping people, staff and the local community safe.

Working in partnership with others;

- Many people living at the service accessed the local shops. The service worked with local shopkeepers to educate staff on the needs of people living with a learning disability and/or autism. The intention was that in turn staff would educate members of the public. This was to lessen the risk of people facing discrimination as a result of their disability and to live a life as ordinary as any citizen.
- The service had recently been presented with a cheque to acknowledge their community involvement and to fund an event for people to enjoy. This was initiated by an employee at a local supermarket who had forged a relationship with people and staff and was presented in conjunction with the local church.
- The service had started up a Facebook group with other local care providers. This management support network enabled the sharing of good practice and ideas and helped to promote high quality care.