

Ranc Care Homes Limited

Manton Heights Care Centre

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: Manton Heights is a care home that is registered to provide nursing and personal care. It supports up to 91 older people, some of whom are living with dementia, and adults of all ages with an acquired brain injury. Although registered to provide it, Manton Heights was not providing nursing care. The service is provided across four units, one just for people with an acquired brain injury, a second for people living with dementia and two units for people who have residential care needs.

People's experience of using this service:

We found significant improvements had been made to the service since our last inspection. The registered manager, with the support of a new deputy manager, had worked very hard to address the issues identified at the last inspection. They had put measures in place to embed good practice within the culture of the service. A staffing restructure, including the appointment of several new staff had supported this process. The provider had started work with a leading dementia care expert to drive a new dementia care strategy across the whole organisation. This showed the provider was committed to developing the service in line with recognised good practice guidance.

At the last inspection, the unit for people living with an acquired brain injury was not running yet. At this inspection the unit was now running having opened in November 2018.

People told us they felt the care and support they received at Manton Heights was safe. Risks to people were identified and monitored. Clear guidance was in place for staff on how to support people with these risks.

Staff understood their responsibilities to safeguard people from harm and how to report their concerns internally and externally to local safeguarding authorities.

Staff treated people kindly. There was a significant improvement in the way staff spoke with people. People's personal information was kept confidential and their dignity and privacy was promoted and respected by staff.

Care plans had been fully updated and significantly improved since the last inspection. They were detailed and personalised to give guidance to staff on how to support people effectively. Where people displayed behaviour that might be perceived as challenging, clear guidance was in place to support staff to work positively with the person.

Medicines, including 'as required' medicines, were managed safely and people worked with other healthcare professionals to meet people's health related needs.

People were encouraged to eat a healthy balanced diet and to have enough to drink.

People and their relatives were involved in discussions about their care.

Staff encouraged people to maintain their interests and take part in activities, and most people felt they had enough to do.

There were enough staff to meet people`s needs. Staff had regular supervision and training in subjects considered essential by the provider to develop their skills and knowledge. Staff had additional training in relation to people's specific support needs, such as dementia.

The provider`s governance systems and processes had improved and the registered manager had a clear plan in place to continue to develop these systems to support ongoing improvements.

Rating at last inspection:

At the last inspection in June 2018 the service was rated 'Requires Improvement' with one domain (caring) rated as inadequate. We found several breaches of regulations. Improvements were needed in the care of people living with dementia, particularly where people displayed behaviour perceived as challenging, the way staff treated people, the management of 'as required' medicines, the way incidents were managed, how staff training was embedded and the management oversight of the service. We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and there were no breaches.

Why we inspected: This was a scheduled inspection based on the previous rating to assess improvements the provider had made.

Follow up: We will continue to monitor Manton Heights and will return to inspect in line with our methodology.

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.

Manton Heights Care Centre

Detailed findings

Background to this inspection

The 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team was made up of two inspectors, a specialist advisor in dementia care and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses, this type of care service.

Service and service type:

Manton Heights is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced.

What we did:

Before our inspection we looked at information that we held about the service including any statutory notifications that the provider had sent to us. Statutory notifications include information about important events which the provider is required to send us. We also spoke with the local authority commissioning team to ask their views about the service.

During the inspection visit on 7 February 2019 we spoke with 11 people who used the service, 8 relatives, 5

care assistants, a senior care assistant, a team leader, the registered manager, the deputy manager and the provider's representative. We looked at 10 people's care plans and records relating to the management of the service.

After the inspection, we looked at the provider information return (PIR) which was sent to us in line with our request but not received in time to review it before this inspection. This is information that the provider is needed to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt the care and support they received at Manton Heights was safe. One person said, "I feel very safe, I have a button (call bell) and its close to where I sit."
- People who were unable to speak with us appeared at ease in the presence of staff and we believed from this they felt safe.
- There was an up to date safeguarding policy and information about how to report concerns was on display at the premises.
- Staff had received training on safeguarding people from harm and understood the signs that show harm may have occurred. They knew how to report their concerns, both to the provider and to the local authority.

Assessing risk, safety monitoring and management

- At the last inspection we found risk assessments were not detailed enough to keep people safe from harm, and when changes took place staff did not always follow these. At this inspection we found improvements had been made.
- Risks to people were assessed and measures were put in place to reduce these as far as possible whilst also supporting the person to maintain their independence. Staff told us about the risks associated with people's care and how these were managed.
- The provider ensured risks associated with the environment, such as risks related to gas, electric and fire were managed to maintain people's safety.

Staffing and recruitment

- At the last inspection, although there were enough staff on duty, we found some of them lacked the skills and knowledge to support people safely. At this inspection we found significant improvements had been made and we were confident that staff had the skills to provide safe care.
- There were enough staff on duty to support people safely.
- The provider carried out pre-employment checks such as references and disclosure and barring checks before staff started work. This kept people safe because it helped the registered manager make sure that only suitable people were employed.

Using medicines safely

- At the last inspection in June 2018 we identified improvements were needed to make sure people received their 'as required' medicines as intended by the prescriber. At this inspection we found that improvements had been made.

- Clear protocols were in place to guide staff on the administration of 'as required' medicines.
- Medicines were managed safely, stored securely and administered as to the right person at the right time.
- Medicines records were clear and correct.
- Staff did not administer medicines until they had been trained to do so. Staff completed tests following the training to confirm they had a good understanding in this area.
- The registered manager and the provider carried out regular audits of medicines, which looked for any errors and identified what action was taken to address them.

Preventing and controlling infection

- The home was clean, tidy and free of unpleasant odours. People and their relatives confirmed this was consistently the case. One person said, "The place is very clean...the toilet is very clean and I have everything I need."
- Staff had completed training in how to reduce the risk of infection and followed good practice guidance.
- There was a good supply of gloves and other protective equipment to reduce the risk of infection and we saw staff used this correctly.
- Clinical waste and laundry were managed safely.

Learning lessons when things go wrong

- Incidents or accidents were managed effectively and used to support the service to develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.

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

Good: ☐ 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

- People's needs had been assessed prior to admission in line with legislation and up to date guidance.
- The assessments identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, specific health conditions and communication.
- This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
- Care and support was reviewed and updated as people's needs changed. Appropriate referrals to external health and social care services were made as necessary to ensure people's needs were met effectively.

Staff support: induction, training, skills and experience

- People and relatives said staff were well trained and knew their needs well. One relative said, "Staff learned [family member's] needs very quickly; their condition fluctuates and they learned to recognize when [they have] a good or bad day."
- Staff said they received training and support to enable them to carry out their roles effectively. Records confirmed this.
- Staff told us they were able to develop their skills by taking further qualifications and this was fully supported by the provider.
- Staff completed a robust induction programme at the start of their employment. New staff told us they shadowed experienced staff until they, and the management team, were satisfied they were sufficiently competent to work alone.
- The management team and staff confirmed that there was a programme of staff supervision. Staff told us they received support as and when needed and were confident to approach the management team for additional support at any time.

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

- People's nutritional needs were met.
- People clearly enjoyed the food, which was of good quality and there was enough to eat. Plenty of drinks were available throughout the day which protected people from the risk of becoming dehydrated.
- There was a good choice of meals and staff supported people where necessary to make their choices by showing them the options available. Staff offered people an alternative meal if they were not keen on the dishes on the menu.

- People's specific dietary needs, such as a soft diet to reduce the risk of choking, or a diet suitable for people living with diabetes, were known to staff and catered for.
- Where people needed support to eat, we saw this was done well, using the right equipment. We saw staff consistently sat level with the person they were supporting, engaged well and let the person set the pace. When people were reluctant to eat, staff gently encouraged them to eat a bit more.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew people well and noticed if they needed support in relation to their health. For example, one person was not well at lunchtime. Staff noticed this and told us that the person had seen the doctor the day before. As they were still not feeling better, the member of staff said they would be in touch with the doctor again for further advice.
- We saw from records that staff made referrals to professionals such as GPs, Community Nurses, Opticians and Chiropodists as necessary.
- A visiting professional told us that they were very impressed with the recent improvements at the service. They said staff were good at contacting them when needed and followed the advice given to ensure people's care was effective.

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

- Manton Heights is a purpose-built premise on two floors with a detached annex containing the acquired brain injury unit. In addition to the building, there were level access garden areas which were used often when weather was good. The building was fully accessible and equipped to meet people's physical needs. The premises were decorated to a high standard and people were encouraged to bring belongings to furnish their bedroom and support them to feel at home.
- The deputy manager told us there was ongoing work taking place to develop the design and decoration of the service to meet the needs of people living with dementia more effectively.
- We saw this work was in progress. There were several areas of the home with signage to help people find their way around the building. Some people had their photograph and a memory box outside their bedroom doors to help them find which room was theirs. Memory boxes are small wall mounted boxes containing pictures or familiar items which may help people recognise that room as their own.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- DoLS applications were made as appropriate, although some were still waiting for authorisation from the local authority. The registered manager checked regularly on the progress of these.
- Where people were assessed as lacking capacity to make a certain decision, staff worked in their best interest. We saw records to support that the correct process for making decisions in people's best interests was followed.
- We saw staff always gained people's consent before carrying out any support and took time to patiently

support people to make day to day decisions as much as possible.

- Staff had a good understanding of the legislation and its principles. The provider had taken steps to maintain their understanding by regularly checking their knowledge at meetings and supervisions. They had also provided staff with a credit card sized prompt which reminded them of the principles of this legislation.

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

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

Ensuring people are well treated and supported; equality and diversity

- At the last inspection we found that staff did not always treat people with respect and did not always speak to people kindly.
- At this inspection we found a very significant improvement to how staff treated people.
- We saw staff treated people with kindness. Staff spoke to them respectfully offering support in a positive manner that did not belittle the person in any way.
- People were comfortable in the presence of staff and appeared to enjoy positive relationships.
- We saw a friendly atmosphere where people enjoyed light hearted exchanges with staff.

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

- People and their relatives told us they were supported to be involved in making decisions about their care.
- We saw people were supported to make choices about their care throughout the day. For example, they chose when to get up, what they wanted to eat and what they wanted to wear.
- Staff used different ways of supporting people to make choices depending on their individual needs. They showed respect for people's decisions and carried out support in line with their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and treated them with dignity. One relative told us staff took care to make sure their family member was supported to dress well and this always had been important to them. They said, "[Relative] is dressed appropriately and in clean clothes, they even put jewellery on; [their] hair is washed once a week, and nicely done."
- We saw staff maintained people's privacy and dignity when assisting them with personal care. We saw staff offered support discretely and they told us they always closed doors and kept people as covered as possible.
- Staff were patient and supported people to do tasks independently and at their own pace.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

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

- At the last inspection in June 2018, we found people were not always receiving personalised care. This was because care plans were not detailed enough and there was a lack of guidance to help staff know how to support people. Some staff lacked the skills necessary to support people well, particularly in relation to people who displayed distressed behaviour or behaviour perceived as challenging. At this inspection we found significant improvements in both records and importantly, the staff skills and approach.
- The care plans were detailed, and included information on each aspect of the person's needs such as, eating, personal care, communication and moving and handling. The information was person centred and described the way staff should support the person with reference to the person's preferences.
- The care plans were in good order and linked to any relevant documents such as risk assessments. The documents were reviewed every month as part of the deputy manager's initiative of a 'resident of the day' system.
- We saw staff worked in line with people's care plans, and knew people's needs and preferences really well.
- We saw staff working positively with one person who, at the last inspection, had displayed distressed behaviour throughout much of the day. Staff were engaging the person and they appeared relaxed and content.
- The care plan for this person now had detailed guidance in place to support staff to be positive and consistent in supporting the person. As a result, we saw the use of medicine to manage the person's behaviour had reduced considerably.
- People had opportunities to take part in a variety of activities over the week, and people and relatives said that the activities provided were good. One person said, "I liked the music the other night and I enjoyed the cinema night."

End of life care and support

- Since the last inspection in June 2018, the provider had developed detailed and personalised care plans in relation to people's needs and preferences for the end of their life.
- Sensitively written, these plans identified people's wishes at the end of their life. They covered the needs of the family, practical considerations such as funeral plans and where they wished to be cared for, and any cultural or spiritual needs the person had.
- We saw the care plans were written in consultation with people and/or their relatives because they contained such personalised details, such as personal belongings the person wanted to have buried with them. This showed the provider had taken time and consideration to make sure the end of life plans were meaningful and covered aspects of care that were of great importance to the person.

Improving care quality in response to complaints or concerns

- The provider had a system for recording complaints and this was used to check the types of complaints received and to use this information to make improvements to the service.
- People and their relatives told us they knew how to make a complaint and were confident that the registered manager would take action to resolve their concerns.
- Where complaints had been made we saw the registered manager responded to them in line with the provider's policy.

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

Good: ☐ 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 provider, the registered manager and the deputy manager were committed to developing a person-centred culture within the service and we saw significant improvements in relation to this since the last inspection.
- The registered manager and the deputy had taken steps to embed good practice into the culture of the service. They did this by observing practice, mentoring staff and modelling good practice, testing staff knowledge in supervision and meetings. They also aimed to keep conversations about good practice going throughout the everyday life in the service.
- Since the last inspection the provider had updated their organisational values to improve staff understanding of what good care at Manton Heights should look like. Information about this was displayed throughout the service and staff each had a pocket-sized card with the information on it to remind them.
- Staff told us they were involved in improving the service. They said, "Everyone is really trying to improve and this is a good thing."

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

- The management team and staff had good understanding of their role. Although some of the staff were new to the service, they understood the provider's expectations to deliver a high quality, person-centred service. The registered manager told us he had recruited carefully to the vacant positions, to ensure staff with the right skills and attitude were appointed.
- The registered manager was keen to develop staff roles and responsibilities. Staff who showed good skills or an interest in an area of care were being supported to take a lead role in it. In this way, the registered manager was using staff skills well. The registered manager also supported them to undertake further training to take responsibility for being part of the positive changes in the service.
- The registered manager promoted an open and transparent working environment. They told us that staff needed to feel they could be open when mistakes occurred. Staff told us they felt comfortable with the registered manager's approach, and that they regularly discussed areas for improvement.
- The provider and the registered manager carried out regular audits. This meant they could regularly identify areas of the service that required improvement, and make those improvements in a timely way.
- When necessary, the registered manager sent notifications to the Care Quality Commission as required by law.

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

- People and their relatives told us they were able to share their views about the service and were able to contribute to making improvements.
- There were ways for people and their relatives to make their views known, including a recent satisfaction survey, a suggestions box and regular meetings. We saw from records the registered manager reviewed and took people's comments into account when making improvements to the service.
- Staff told us the registered manager was approachable and spoke openly with them about issues in the service.
- We saw the deputy and team leaders had strong leadership skills. One team leader told us they aimed to empower staff to be confident in their roles, and encouraged feedback and ideas from them about how to improve the service. Staff confirmed this.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.