

Ms Ann Mangham

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Inspection report

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Tel: 01977695425

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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

Ann Mangham is a residential care setting for up to ten people with mental health needs. Nine people were living at the service at the time of the inspection. The service mainly provides guidance and supervision to promote an independent lifestyle.

Four people are accommodated in an adapted house, one person in another house and four separate furnished flats in the same grounds.

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

People were very settled, and staff clearly knew them very well. Safeguarding concerns were dealt with appropriately and risk assessments showed how staff should support people with their differing needs. Staffing levels were sufficient as most people were independent in everyday living tasks.

Medicines were managed safely, and the premises were kept clean and accessible. Staff were kind and considerate, supporting people to make their own choices. Staff were empathetic, providing reassurance when needed but also encouraging people to think about problems in different ways. External feedback about the service was positive.

People's needs were assessed well, and any changes noted. As the staff team was stable this helped build knowledge of people's characteristics and how to support them. People helped themselves to food and drink, and discreet support was offered if needed. Care documentation provided guidance for staff and was audited regularly to ensure it remained reflective of people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were very much a part of the local community and lived life to the full.

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 14 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ann Mangham

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. 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Ann Mangham 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.

The service had a manager registered with the Care Quality Commission. This was also the provider who is legally responsible for how the service is run and for the quality and safety of the care provided. There was also another manager in the service day to day who was aiming to register in the near future.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with

five members of staff including the provider, manager and three care staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise and respond to possible signs of abuse.
- There had been a small number of safeguarding concerns which had been reported and investigated properly. Other agencies had been contacted as required.

Assessing risk, safety monitoring and management

- There were risk assessments in place for supporting people displaying complex behaviour, and these were amended promptly if their needs changed. The impact of their behavioural changes were also considered against their other needs, such as if they needed temporary support for eating and drinking. This showed the service considered people's needs holistically.
- The service documented how people's own behaviour could put themselves into risky situations and assessments helped minimise these risks.
- People had access to call buzzers which alerted staff if they needed help. The manager advised these were rarely used.
- Most people smoked but were very aware this was done outside in the smoking shelter. One person was closely supervised as they were prone to dropping ash on themselves.

Staffing and recruitment

- The staff team was stable, with many staff having worked at the service for a long time. No agency staff were used as staff always covered for each other.
- Shifts met people's needs but also accommodated staff's working preferences to ensure a positive work-life balance.

Using medicines safely

- Medicines were managed, stored and recorded safely.
- Although people were independent for most activities, all received support with medicines at their own request. People had signed consent forms to indicate this was their preference.
- If people were on PRN, or 'as required' medicines staff always signed to say why these had been given and at what time to ensure correct dosages were followed.
- Medicines were audited weekly to minimise the risk of errors. All staff were competent in administering medicine and had up to date training.

Preventing and controlling infection

- People were encouraged to keep their own living spaces clean and staff assisted with cleaning bathrooms.

Learning lessons when things go wrong

- Evidence from a recent safeguarding investigation showed a full analysis and reflection on whether support could or should be offered differently. The manager was keen not to impose restrictions on people's liberty and ensured people were supported with positive risk-taking.
- There had been no other incidents of concern from which to learn.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- The provider and manager showed a sound understanding of people's needs in line with best practice. Their focus was on promoting independence which was evident in all interactions we observed.
- The manager was part of a Skills for Care group and used their guidance amongst others to ensure practice was current.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had regular supervision where they could raise any issues. These highlighted staff's strengths.
- Training records showed a variety of learning had been undertaken and was regularly refreshed.

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

- Most people prepared their own snacks or ate out in local cafes during the day, but some chose to eat together at teatime when they ate a freshly cooked meal. People accessed the kitchen freely to make drinks.
- People's likes and dislikes were well known. If people needed to follow a special diet, this was noted and support offered if necessary. Staff supported people to follow a healthy diet as much as possible.
- One person was supported at mealtimes due to their risk of not chewing food properly.

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

- Staff had worked with a number of professionals with one person who had vacant episodes but no known cause. Variations to their medication had not assisted. They continued to monitor the person closely and report any changes to their condition.

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

- Some people lived in flats which they had furnished based on their preferences. We saw individualised styles in each flat, and in people's rooms if they lived in the larger house.
- The kitchen provided easy access for all in the service and people had free rein of the fridge and cupboards to store their own foods.

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

- People were supported to attend health and social care appointments, and all had access to a dentist, chiropodist and optician. Any health concerns were responded to promptly.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people were deemed to have capacity to make most decisions, but staff were very aware of how their mental health could impact on this and were very observant.
- One person had a DoLS in place which was monitored properly. Regular visits from their representative were recorded.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very happy and settled at the home. Staff clearly knew people very well including their specific routines.
- Staff displayed patience and empathy when talking with people. They provided reassurance and comfort without dwelling on anxieties.
- People enjoyed each other's company and were encouraged to make friendships with each other. A couple of people went out together for coffee during the morning.

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

- People chose how they spent their days, some built around communal mealtimes. People spoke to staff freely and we heard staff respond sensitively and professionally.
- Everyone had the opportunity to make decisions about their activities and food on offer.

Respecting and promoting people's privacy, dignity and independence

- Most people in the service were independent, accessing the community alone to go shopping or attend events. They were supported with their finances which were closely monitored to ensure no one was leaving themselves without funds.
- Staff provided minimal and discreet assistance where needed, such as supporting people to prepare their own meals.
- One person was being supported to get an advocate to ensure they had external support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records provided clear summaries of people's key needs and situation. People's interests and abilities were recorded included their levels of independence.
- People, where they followed a routine, had this recorded so staff understood their choices. Daily notes evidenced how people spent their day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication abilities were well documented. Most people were independent although some needed assistance with written correspondence.
- One person had sight difficulties and the impact of this was noted as they could sometimes walk into people. Staff were aware to monitor this person's movements.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- If people had family they were encouraged to keep up these relationships. One person met relatives weekly. We saw visits were promoted. However, if this was not possible staff supported people to make telephone calls.
- Most people went into the local town daily, and some travelled independently to the nearby city. Some enjoyed sporting activities while out such as going to the gym or bowling.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. However, we read some compliments which included, "[Name] is happy and settled here. It is their home. We are satisfied that [name] is well cared for. We are treated with respect by staff and they liaise well regarding [name's] care needs." Another said, "Staff are vigilant to any changes."

End of life care and support

- People's end of life wishes were recorded where people had been happy to discuss them. Everyone had a funeral plan in place.

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 the last inspection this key question was rated as good. At this inspection this key question 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.

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

- People spoke highly of the provider and one person told us about the large bag of Christmas gifts they had been given. One person who was newer to the service spoke of how welcomed they had been into the community.
- People were supported to be as independent as possible and the service was a base for them to live their lives, with support if needed.

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

- The manager and provider had not had any serious incidents. However, it was clear they would reflect on any issues which arose and try and remedy the situation. They conducted regular observations of staff while supporting people to ensure best practice was maintained.

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

- Staff meetings were held to ensure any issues were addressed quickly and effectively. Due to the informal and family nature of the service, many discussions occurred on a daily basis, so staff had current knowledge most of the time. Due to the small team information was easily shared.
- A quality assurance system was in place with staff playing key roles in assessing different aspects of the service. Care plans, infection control practice and medicines were all audited regularly.
- Each of these audits was then scrutinised by the manager in the overall home audit to ensure they had identified any issues and actions were taken accordingly.
- The ratings from the previous inspection were displayed as required.

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

- People engaged in regular meetings in the service discussing any issues or concerns. They also spoke about what was good about living at the service. If issues were raised these were always acknowledged and any actions taken which might be needed.
- Relatives, visitors and staff were all asked their views of the service and this helped shape its direction.

Continuous learning and improving care

- The manager was keen to ensure the service carried on operating to ensure people lived as normal a life as possible. They said a great achievement had been one person calling it "home." They wanted to continue people living the lives they wished to with the minimum of restrictions and to enjoy feeling part of a larger family.

Working in partnership with others

- People were part of their local community, venturing out most days into the local village and also further afield on buses. They shaped their own routines and received support from others when needed.