Foundation Care (Norwich) Limited

Manton Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of the service 6 February 2015.

Manton Hall provides accommodation for up to 30 people who require personal care. On the day of our inspection 27 people were using the service.

There was not a registered manager employed at the service. There was an acting manager who was in the process of applying to become registered. 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.

During our last inspection 24 April 2014 we asked the provider to take action to make improvements to protect people living at the service. The provider was not meeting five regulations of the Health and Social Care Act 2008. These were in relation to people's care and welfare, safeguarding people from abuse, infection control,

Summary of findings

supporting workers and assessing and monitoring the quality of care provision. The provider sent us an action plan to tell us the improvements they were going to make. During this inspection we found that improvements had been made.

People told us they felt safe and risk was assessed. Management plans were in place and staff were following these so that risk was reduced. Staff knew how to recognise the signs of abuse and knew what action to take to protect people.

Staffing numbers and the mix of their skills met the needs of people who used the service and kept them safe.

Arrangements in place for the recording, handling, administration and disposal of medicines were not always safe and guidance for staff on the use of medicines prescribed to be used 'when required' was not clear.

Staff had received most of the training they required to meet people's needs and keep them safe. They were supervised by their line manager and had their competency assessed. People were asked for their consent to care and treatment and were able to make choices. Some people had not had their mental capacity to make decisions assessed and some staff were not clear about current guidance.

We have made a recommendation that the provider considers current guidance about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

People were supported to eat and drink enough and to maintain a balanced diet. People were offered a varied diet and were offered choice and flexibility. People said they liked the food provided.

People had access to the healthcare services they required and staff made appropriate referrals and in a timely way.

People said that staff were caring and most of the interactions we observed were kind and respectful. One person became anxious and distressed but staff did not respond to this or take appropriate action until we asked them to. While people were offered choice about how they spent their day, people were not actively involved in making decisions about their care and support. The acting manager was taking action about this.

New care planning documentation was being introduced so that care plans could be personalised. People said they received care and support in the way they preferred. Opportunities for people to pursue their hobbies and interests were limited.

Complaints were investigated and used as an opportunity for learning. Action was taken to improve the service.

Systems were in place to monitor the quality of service provision and this included seeking the views of people who use the service. People said the acting manager was approachable and accessible.

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?
The service was not consistently safe.

There were enough staff to keep people safe and meet people's individual needs. Staff understood how to protect people from abuse and avoidable harm, but arrangements for the safe management of medicines were not in place.

Requires Improvement

Is the service effective?
The service was not consistently effective.

Staff had received the training and support they required to meet people's needs and keep them safe. Mental capacity assessments were completed for some people who lacked mental capacity to make decisions about their care and treatment. However these did not fully meet the requirements of the MCA legislation. The quality of food and choice of meals was good and people's health needs were met.

Requires Improvement

Is the service caring?
The service was not consistently caring.

People told us they liked the staff and had positive relationships with them, but they were not always actively involved in making decisions about their care and support. Privacy and dignity was maintained and people were mostly treated with respect and kindness.

Requires Improvement

Is the service responsive?
The service was not consistently responsive.

People said they received care and support in the way they preferred.

Opportunities for people to follow their hobbies and interests were limited.

Complaints were used as an opportunity for learning and improvement.

Requires Improvement

Is the service well-led?
The service was well led.

People and care staff said that the management team maintained a visible presence and engaged with them to seek their feedback on the service. The provider had systems in place to monitor the quality and safety of the service.

Good

Manton Hall

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 was planned to check 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 6 February 2015 and was unannounced.

The inspection consisted of two inspectors and a pharmacy inspector.

On the day of the inspection we spoke with five people who used the service and one relative about their experience of the service. We also spoke with the acting manager, five care staff and a cook.

We looked at the care records of four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we identified some concerns with care and welfare, safeguarding people from abuse and infection prevention and control. These matters constituted breaches to Regulations 9, 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulations 9, 13 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider was now meeting the requirements of these regulations.

At this inspection people told us they felt safe living at the service. Staff told us they had completed training in safeguarding vulnerable adults. Records showed that staff had received this training. They were able to identify the signs of abuse and the action they would take if they identified a concern**.** Staff were clear about whom to report suspected abuse to and this included reporting to other authorities such as the local authority safeguarding team and CQC. The acting manager responded to suspected abuse in an appropriate way and reported concerns to the appropriate authority.

People had risks associated with receiving care assessed. For example, one person was identified as having a high risk of developing a pressure sore. A care plan had been developed instructing staff about action to take to reduce risk. We saw that staff were following this care plan.

We looked at records of accidents and incidents and saw that action had been taken to minimise further risk.

People told us they were satisfied with the cleanliness of the service. They told us their bedrooms and en-suite facilities were kept clean. Areas of the service that we looked at such as communal lounges and some people's rooms were visibly clean and tidy. The housekeeper showed us the cleaning schedule they had developed which was signed daily to indicate the schedule had been adhered to. We asked about a schedule for cleaning the less frequent housekeeping tasks such as laundering of curtains and soft furnishings and shampooing the carpets. We were shown the schedule which was being developed to record these. Staff we spoke with were able to identify the actions they should take when people developed diarrhoea and/or vomiting to prevent the spread of infection to others. We observed staff wearing personal protective clothing when providing care and we saw systems were in place to safely process soiled laundry.

All the people we spoke with said there were enough staff. They thought that because when they used their call bells staff responded quickly. One person said, "You just press the bell and within seconds they come." The acting manager told us that staffing numbers were based on the needs of people who used the service and that numbers would be increased when more people moved in or if people's needs increased. Agency staff were used to cover any late notice absences. Staffing rosters we looked at confirmed that enough staff were on duty. We saw that agency staff were provided with a short induction to the service and that they were supervised by more experienced staff.

People told us that staff managed their medicines for them and made sure they got the right medicines and at the right time. We looked at the medicine records for seven of the 27 people using the service. We found some records of receipt and disposal of medicines were not completed. There were discrepancies between the quantity of medicines in stock and what records said was in stock. We could not therefore account for all medicines used. In some cases staff did not record the actual time medicines were given to people if different to those printed on the medicine record forms. This meant that people were at risk of receiving medicines too close together. When medicines were given in variable doses, for example, "one or two tablets" the actual quantity given was not always recorded. This meant people may have been given too much or too little medication for their needs. We found some people were not given their medicines as the prescriber had intended.

Some people received their medicines in the form of a skin patch. We looked at the records made when these patches were applied and found that the site of application was not being recorded. Staff we spoke with were not aware of the time interval which should be left before the same site is used again. This meant there was a risk of damage to a person's skin if the patches were applied to the same site repeatedly. The manager and staff told us, and their training records confirmed that they had received training on the safe use of medicines, but our observations were that staff had not always applied their medicines management training.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we identified some concerns with supporting workers because staff had not received the training and support they required. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider was now meeting the requirements of this regulation.

During this inspection we found that staff had received induction training and other training they required to meet people's needs and keep them safe. People told us that staff knew how to meet their needs. Staff confirmed that they had good access to the training they required including nationally recognised training in the care sector. All the staff we spoke with had recently completed dementia training. When we asked one member of staff how they would manage a person with behaviour that is risky to them or to others they said, "The longer you work here, the better you get to know the people using the service. You know what things will distract them and things they are interested in or concerned about." This showed that this member of staff knew how to respond if a person displayed behaviour that challenged others using best practice guidance.

Staff told us they had supervision every two months since the new manager had come into post but they had not yet had an appraisal. Staff told us they received feedback from the manager on things they needed to improve and things they had done well. This showed that staff were supported in their roles.

Some people had a deprivation of liberty authorisation in place. Deprivation of Liberty Safeguards (DoLS) protects people where their liberty to undertake specific activities is restricted. The acting manager told us they were in the process of making further applications to the supervisory body that had responsibility for assessing if authorisations to restrict people were necessary. Some staff we spoke with did not have a clear understanding about DoLS.

The Mental Capacity Act 2005 (MCA) is legislation that protects people who do not have mental capacity to make a specific decision themselves. People told us that staff asked for their consent before carrying out care and support. Staff demonstrated that they gained people's consent and involved people as fully as possible in day to day decisions. Some staff we spoke with did not have a clear understanding about the Mental Capacity Act 2005 (MCA). However, they were clear that if a person refused care they said they would try to persuade them but if unsuccessful they would return later or ask another carer to try to gain their cooperation.

Where concerns about a person's capacity to consent to their care and treatment had been identified we saw that mental capacity assessments had been completed. However, the assessments were broad and did not specify which decisions people lacked the mental capacity to make. The assessments did not therefore meet the requirements of the MCA.

Some people were sometimes given their medicines covertly, for example disguised in their food or drink. We saw records stating that his had been agreed with the person's general practitioner, but we were not assured that the best interests of the person were considered in these circumstances. We could not find any assessment of the person's mental capacity in relation to taking their medicines or any evidence that other health professionals and interested parties had been consulted. This would be good practice to ensure that the decision to give medicines this way was in the person's best interests. There was no recorded date on which this would be reviewed.

We recommend that the provider consider current guidance the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

People told us they liked the meals provided and had enough to eat and drink. One person said, "The food is good and there is always a choice". Another person said, "I think the food is excellent and the kitchen staff are very good." They went on to say, "The chef does it very well and if I don't fancy something they will offer me something different."

People were encouraged to go to the dining room for their meal but if they wished to eat elsewhere, this was accommodated. People who needed support with eating and drinking were supported in a dining area adjoining the main dining room and were served first. Staff sat down with them and supported them to eat at their own pace.

Requires Improvement

Is the service effective?

There was a picture menu displayed near the kitchen for people to choose from. Each meal was plated for the individual according to their choice and preferences. Care was taken to serve all the people on one table at the same time to encourage the social aspects of the meal. The cook told us they had noticed one person had lost weight and was eating very little when their table companions were missing. They had therefore placed the person on a table with other people who they could relate to and they had noticed their food intake had increased. The cook had a record of each person's weight and they told us when someone lost weight they made every attempt to find ways to encourage them to eat and provided fortified food when someone's appetite was reduced. Other staff were also aware of people who had lost weight recently and who needed particular encouragement to eat.

The chef and the staff were knowledgeable about people's special dietary needs and preferences. Handover information included information for some people on foods and drinks to avoid. For example, it was noted that one person should not be given cranberry juice because of the medicine they were receiving. The chef said they listened to feedback from people about the meals and adjusted the menu accordingly. There were jugs of soft drinks available in the lounge throughout the day and in people's rooms if they spent the day in their room. We saw hot drinks and biscuits were offered mid-morning and mid-afternoon. Some people had their food and fluid intake recorded so that staff could check they were getting enough to eat and drink. Records showed that the actual food and fluid intakes had not always been checked by a senior member of staff and some records were blank. This meant there was a risk staff would not identify or take appropriate action when food and fluid intakes were low.

People told us they had access to healthcare services. One person said, "They will get the doctor if you need it. Records showed that staff had made referrals to community nurses and to other healthcare professionals in a timely way. We spoke with a community practitioner who visited the home regularly and they told us they felt Manton Hall was, "A very good home." They said staff communicated well with them and followed through to implement the recommendations they made.

Requires Improvement

Is the service caring?

Our findings

People told us the staff were caring. One person said, "The staff are very caring, my husband visits me every day and they always offer him a drink". Another person said "The staff are lovely" A visitor to the home said they found staff to be kind and caring. A relative said, "Staff are all kind and considerate. No one hurries people."

Staff we spoke with all told us they enjoyed working at the service and most of them mentioned their positive feelings towards, and relationships with, the people they cared for. One person said, "I love it here and the people I care for."

We observed interactions between people who used the service and found these to be mostly positive and respectful. For example, when we observed medicines being given to some people during the day this was done with regard to people's dignity and personal choice. We heard staff explain to people what they were doing. We also saw that the care worker stayed with the person to see whether they took their medicines.

One person had recently moved to the service and had become anxious and distressed. The person had communication difficulties because of dementia. We saw that staff did not respond to this person and the person continued to walk around displaying anxiety and distress until we brought this to the attention of the acting manager. The acting manager took immediate action and assigned a member of staff to stay with the person and offer reassurance. We saw that at lunch time although staff supported people at their own pace, some staff had very little interaction with the people they were supporting during the meal.

People told us their care had been discussed with them when they first came to the home but they had not seen their care plan. They told us they were able to choose when they got up and went to bed and staff checked with them to find out their wishes prior to providing care and support.

The acting manager informed us about plans to involve people in making decisions about their care and support. They planned to carry out a review of care for all people who used the service where people and or their relatives would be involved in this process.

People told us that staff always respected their privacy and dignity. Staff spoke to people with respect. We saw they knocked on people's doors before entering and checking with people to ensure they acted in accordance with their wishes.

Staff were able to describe the actions they took to maintain people's privacy and dignity and protect their modesty when providing personal care.

Requires Improvement

Is the service responsive?

Our findings

People told us they had their needs met and in the way they preferred. They said staff listened to them and took account of their views. One person told us they were able to spend their day as they chose to. One relative said, "[the person] is able to get up and go to bed when they want. If they want to have a lie down in the day staff are happy with that. One morning (the person) wanted to get up at 5am so the staff let them do that and sat them down in the lounge where they were happy."

People told us about the things they liked to do such as sitting out in the garden and reading. They said their relatives were able to visit at any time and were always made welcome by staff. Another visitor told us there was no restriction on visiting and they had visited at different times of the day and had always been made welcome. We saw some friends of one person had come to visit and they were offered a hot drink by staff.

People had their needs assessed before they moved in. The acting manager was clear about the importance of these assessments and how this ensured that people only moved in if the service could meet their needs. They gave us an example of a recent re- assessment for a person who had been admitted to hospital and how this had showed that specialist equipment was required before the person could return to the service.

Each person had an individual plan of care which was based on their initial assessment of needs. We saw that some plans of care where comprehensive and personalised while others lacked detail or had not been fully completed. For example, one person had a personalised plan of care which recorded their preferences and choices. Another person's daily and weekly routines section was only partially completed. For one person the record of social, cultural and religious needs was not completed. We were informed that new documentation was being introduced. The new documentation was designed to record plans of care in a personalised way.

A document known as 'my life before you knew me' was included in people's care plans. This document recorded important information about the person and helped staff to get to know the person. This was particularly important where people may not be able to tell staff what they prefer. Some people had this information recorded but this information had not been used to help people pursue their hobbies and interests. We did not see any staff engaging people in activity during our visit. We were informed that the staff member responsible for activities was away on holiday. However, when we asked people if they were usually occupied they said that they were. One person said, "There is enough going on you don't want too much." Another person said, "I think they do have enough activities." They gave examples of musical activities, ball games and sing-alongs.

The provider had a complaints policy and people told us they would feel comfortable making a complaint. Staff told us that if a person wanted to make a complaint they would document it and pass it on to the manager if they were available. If the manager was not available they would try to rectify the issue themselves or refer it to a senior person on duty.

We looked at records of complaint and saw that complaints had been investigated and action was taken. Satisfaction questionnaires were sent out to people who used the service and their relatives. Some people were concerned about limited car parking space and the provider had begun to take action about this. Resident's meeting were also held so that people could provide their feedback about the service.

Good

Is the service well-led?

Our findings

At our last inspection we identified some concerns with assessing and monitoring the quality of service provision. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider was now meeting the requirements of this regulation.

Since our last inspection the acting manager had introduced a system to audit the quality of service provision. All aspects of the service were audited and this included provider visits and checks were made by the provider's quality manager. For example, the environment was checked as were care plans and other care records. Unannounced night checks were also carried out so that the acting manager could check the quality of care provided at night.

Where shortfalls were identified action was taken to improve and to prevent poor practice. The provider's medicines audit had identified some discrepancies in the recording of medicines and action had been taken to prevent this happening again.

People said the manager was visible and accessible. One person told us there had been improvements since the acting manager began working at the service. A relative said, "[The acting manager] has spent time with us talking about things and has given us confidence in the home and the care."

One person said, "[the acting manager] checks on what you are doing and will tell you if you have done something wrong but they also lets you know if it is right." They also told us the manager was available and walked around the home talking to people who used the service and the staff on a daily basis. They said they go to the manager's office if they wanted to discuss something and the manager would make time to see them.

Staff meetings were held every two months and this provided further opportunity for communication and feedback. Staff were encouraged to contribute their views. Resident's meetings were also held so that people could give their feedback and request any changes. We were informed that satisfaction questionnaires had been sent out to people who used the service and their relatives. These had been returned but had not yet been analysed.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.