

Foundation Care (Norwich) Limited

Manton Hall

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●

Summary of findings

Overall summary

We inspected this service on 15 and 16 September 2016. The inspection was unannounced.

The service was last inspected on 6 February 2015. At that inspection we found that improvements were needed regarding the outcomes of safe, effective, caring and responsive to fully meet with regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to implement changes to ensure that they met the regulations for these outcomes. We therefore only checked these four outcomes at this inspection to ensure that appropriate changes had been taken as required.

At this inspection when we reviewed the areas for safe, effective, caring and responsive, we found that actions had been taken to improve the quality of the service, however, we found that some strengthening of systems relating to medicines were still needed.

Manton Hall provides accommodation for up to 30 older people, some of whom were living with dementia. On the day of our inspection there were 30 people who lived at the service.

The service had a registered manager. 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.

People were protected from harm. At this inspection people who used the service told us that they did feel safe. People said that they thought there were enough staff available to provide support and assistance. However, they would also like to have time to just sit and chat with staff as they were often kept quite busy. Any risks associated with people's care, support or daily routines were assessed and action then taken to either eliminate or reduce such risks.

All members of staff had received appropriate training that enabled them to meet the needs of people who used the service. People received their medicines as prescribed by their GP, however, some improvements were still required regarding the safe handling of medicines.

People were supported and encouraged to make decisions about their care. The provider was aware of their responsibility to meet the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's personal choices were fully detailed in care plans. People were offered and encouraged to participate in activities and also to follow their interests and interests.

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 sufficient numbers of staff to keep people safe and to meet their needs.

People who lived at the service had risk assessments completed to support their safety.

Policies and procedures were in place to support the safe dispensing of medicines, however, the audit of medicines needs to be more robust.

Requires Improvement ●

Is the service effective?

The service was effective.

All staff had undertaken training that enabled them to provide appropriate care and support.

The service was working within the principals of the Mental Capacity Act 2005. People's ability to make decisions about their care and support was assessed.

People who required assistance with their meals received support to ensure they had enough to eat and drink.

Good ●

Is the service caring?

The service was caring.

People were involved in making decisions about their care and support.

People's dignity and independence was supported as staff encouraged and acknowledged individual choices.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People received support and care in a way that they had chosen.

People were offered and encouraged to undertake activities and to follow interests of their choice.

Complaints were appropriately handled and used to improve the service provided.

Manton Hall

Detailed findings

Background to this inspection

We previously undertook an inspection on 6 February 2015. We found that areas relating to the service providing safe, effective, caring and responsive support and care required improvements to fully meet the requirements set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, the provider wrote to us to say what they would do to meet the requirements in relation to safe, effective, caring and responsive provision of care and support.

We undertook an unannounced inspection visit on 15 and 16 September 2016 to check that they had followed their plan and to confirm that they now met legal requirements and regulations relating to the standards under the Health and Social Care Act 2008. This report covers our findings in relation to those previous requirements only. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Manton Hall on our website at www.cqc.org.uk.

The inspection was carried out by one inspector.

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.

Before this inspection we reviewed the information that we held about the service to inform and plan our inspection. This included any statutory notifications we had received. Statutory notifications tell us about important events which the service is required to tell us by law. We had received a completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with eight people who used the service, two visitors, four members of care staff, one chef, two health professionals and the registered manager. We also used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people in the dining room at lunch time and in the main lounge. SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us.

We reviewed a range of records relating to the care and support that people received and how the service was managed. These records included four people's care records, a review of medicines and the medicine administration records, staff rotas, internal audits and staff training records.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person who used the service told us, "Safe? Yes I always feel safe here." Another said, "I would say I do feel safe, yes."

During our last inspection we found that medicines were administered as prescribed, but staff had not always implemented their training for the safe dispensing of medicines. Not all receipt and destruction of medicines had been fully recorded. This meant that there was no clear audit trail.

At this inspection we found that the provider had made the necessary changes to address this area of safety. Some additional improvements were needed to strengthen audits relating to medicines.

At this inspection we found that the provider had undertaken changes to strengthen procedures relating to the handling of medicines. There were policies and procedures in place to support staff. Three members of staff described and demonstrated how they dealt with medicines. They showed us that all details relating to medicines was recorded. For example, all pain relief was fully recorded with the signature of the staff member and the amount dispensed. This provided full information for any audits or investigations to be easily tracked and dealt with where necessary.

People who used the service confirmed that they were given their medicine at the time they were due. We saw that medicines were stored securely. The medicine administration records had been completed and were up to date. We saw that if medicines were refused, then staff used the appropriate record to show this. Staff understood how people liked to receive their medicines and offered them choice and information. The registered manager showed us records of regular audits and spot checks that were completed. Staff confirmed that the registered manager completed audits and monitored their practices.

We observed medicines being administered and we saw that this was undertaken in a safe way. Staff took their time when asking people if they wanted to take their medicines. Staff spoke quietly and with respect, they came down to the person's level to support privacy and prevent others from hearing their conversation.

This medicine round took a longer time than normal as the member of staff was new to the role and proceeded with caution. They showed us the measures in place to ensure that this did not affect any subsequent medicine administration and how staff noted this to doubly ensure there were no errors regarding timing of the administration of medicines. Staff offered medicines to people with a gentle prompt if the person needed this, showing respect and supporting people's dignity. Any discussions were undertaken quietly to ensure privacy.

We undertook a small sample audit of medicines and records. We found that the storage area for medicines was too warm. The temperature of this area had been taken and recorded regularly. These records showed that in the last few days the temperature had gone over the recommended level on at least three occasions. This was discussed with the registered manager who told us that they were in the process of discussing this

with the provider. Alternative areas for the storage of medicines had been reviewed but an alternative storage area had not been found. On the second day of this inspection, the registered manager confirmed that air conditioning for the medicine storage area was being arranged by the provider.

We also noted that the storage area was small, contained files and other documentation and was disorganised on our inspection. We saw that this had previously been noted by the registered manager on an audit of the medicines area.

During this inspection we found that staffing levels were sufficient to meet the needs of people who used the service. Staff did, however, appear to be rushed at times and were not always able to sit and talk with people who used the service.

One person using the service said, "They [staff] do help me if I need, but they are so busy. They do work hard, they are good." During discussions with people who used the service, we were told that staff did respond to the call bell, one person said, "Staff are always there, sometimes I wait a bit, but that is to be expected."

All incidents and falls were fully recorded with the area in which it occurred, the time and what had taken place prior to the occurrence. These were then monitored for any repetition and new risk assessments were completed. We saw that a monthly review took place to check if there were any patterns of incidents, such as regular times or routines that may have impacted on the incident.

We reviewed people's care plans and saw that risk assessments were completed and regularly reviewed to support the safety of people who used the service.

All incidents and falls were fully recorded with the area in which it occurred, the time and what had taken place prior to the occurrence. These were then monitored for any repetition and new risk assessments were completed. We saw that a regular review took place to check if there were any patterns of incidents, such as regular times or routines that may have impacted on the incident. This information was then analysed to make certain that all areas had been considered and any actions necessary were implemented to prevent a reoccurrence wherever possible.

We spoke with the registered manager about the need for fuller records that included any actions that had been taken. Care plans showed that there was a new risk assessment in place following an incident as well as any specific equipment being obtained, if needed. These actions were not fully detailed on incident reports to show when and what action had been taken to keep the person safe. The manager assured us that this would now be added to incident and accident records.

Regular audits of the premises were completed to check the safety of the building. Equipment such as bed rails and wheelchairs were also regularly checked to make certain that these were safe to be used.

Is the service effective?

Our findings

People who used the service told us that they were asked for their consent about any support or care before this was provided. This gave people the opportunity to decide if they wanted this support and how it was to be provided. One person who used the service said, "Yes, staff always ask me first, some days I just want to do my own things." Another person told us, "They [staff] do ask me, they want to know before they help me."

At the last inspection we found that not all aspects of the Mental Capacity Act 2005 (MCA) had been met, particularly in regard to assessments that related to the ability of people to make independent decisions.

We found at this inspection that all staff had completed the MCA training. This provided them with the knowledge and skills to support people appropriately. All training was provided for staff in all areas, for example this included the domestic and catering staff. This meant that all staff were trained to support people appropriately throughout every area of the service. We saw that refresher training and updates were routinely identified. The provider had systems in place to highlight any area of training that needed to be booked. Our discussions with staff in various areas of the service also confirmed that they had completed and understood the principles of this training.

Care records showed that the service was working within the required principals of the MCA and where necessary, people had their capacity to make decisions assessed. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the legislation and had considered these requirements during the planning of people's care.

Staff demonstrated an understanding of the MCA and how this affected the people they supported. We saw that mental capacity assessments and associated records had been completed. Records showed the level of ability regarding people's individual capacity to make decisions. The registered manager described their responsibilities where people did not have the capacity to make their own decisions, showing that people were appropriately supported by the service.

A review of people's care plans showed that they had their needs clearly set out after an assessment. People's choices regarding food and mealtimes were recorded in care plans and we saw that staff were aware of their choices. This was confirmed by routines seen during a mealtime, as well as through our observations of staff throughout the day. Staff knew people's needs and they regularly asked if people had everything they needed during their meal, providing support and assistance where needed.

We noted that people were supported with their meals if this was required, staff offered more food and

drinks regularly throughout the meal time. Staff respected people's choices and encouraged people to eat a little more if they had not eaten very much. Staff spoke kindly and with consideration for people's choices.

Is the service caring?

Our findings

People who lived at the service told us that staff were caring. One person said, "Staff are really good, I see them helping people and they always come when I need anything. They know me here."

We saw that people were comfortable when discussing things with members of staff. One person who used the service said, "I can talk to staff, they do listen and always try to do anything to help you. I never worry about asking because they [staff] are always good with me and they do care a lot."

At our last inspection we found that not everyone had been involved in making decisions about areas of their support.

At this inspection we found that people who used the service were involved in making their own decisions about their support and to make individual choices about how they spent their day. People who used the service spoke positively about staff. One person told us, "Staff do help and they are always there if I want them." A visitor told us, "My [relative] seems to get all the help they need. They never complain about the staff and I do see them [staff] helping others when I visit. I see staff helping people and they do look like they know what they are doing. They are thoughtful"

Our observations showed that members of staff encouraged people to do things for themselves and provided support when needed. This meant that staff encouraged people to maintain independence and use the skills that they had instead of just doing things for people.

Staff provided support to people in a dignified way and respected their privacy. We saw that staff always knocked and waited to be asked into a person's room or when choices were provided, staff waited for a reply. They did not rush people and allowed as much time as the individual needed. We saw that one member of staff asked to take a person who used the service into an alternative area for privacy, before discussing their care issues.

Care plans reflected the routines and preferred choices of the people who used the service. We saw that care plans had information that showed when a person preferred to go to bed, how they liked to be positioned when in bed and what time they chose to be woken in the mornings.

One person who used the service told us, "Staff let me get up when I want, they give me time to wake up." One relative told us, "I know that they [staff] do talk to my [relative] about their care and we can talk to staff any time about anything."

One health professional told us that staff did know about how people chose to be supported and that staff were aware of people's current needs. They told us that on their regular visits, staff expressed an understanding of people's current conditions. They said that staff discussed the individual needs of people with confidence and an understanding of how to provide appropriate support.

Is the service responsive?

Our findings

At our previous inspection we found that activities and support for people to follow hobbies were limited.

At this inspection we found that people were encouraged to express their choices for activities and any outings they wished to undertake. There was an activities plan on display and a designated person to arrange these on a regular basis. Photographs were displayed of various activities such as cake baking and flower arranging as well as musical events. People who used the service confirmed that they had a choice of activities. One person said, "We can do things or not, we just choose." One visitor told us, "They do have things going on, some singing and [relative's name] can decide to join in or not."

One person who used the service introduced us to her budgie that she had wanted to have with her. The person told us that they were very happy and that staff had "been so good and kind."

We were shown a tree painted in one area of the service with leaves that contained wishes from various people who used the service. One person had wanted to go to the zoo and this had been arranged. The registered manager changed some plans as we were inspecting on the day of this outing, the planned trip out went ahead with different staff supporting the person. Another person enjoyed a ride in the car so also went along. The second day of our inspection we were shown photographs of the day out. One person had said that it was the best day of their life as they had never seen or touched an elephant before. The photographs showed how much this trip was enjoyed by both participants. Other wishes on the tree were being looked into so these could also be achieved for people.

People who used the service received assessed support that was personal to them. One person who used the service said, "Staff ask me what help I want, they are lovely."

When we reviewed care plans, we saw that the individual and a chosen family member or friend had been involved in discussions to complete these. One visitor said, "Yes I am invited to talk about the care plan, we know they look after you well here." Regular reviews ensured that information was current and appropriate for each person who received support.

We noted that rooms were personalised and freshly decorated. One person who used the service said, "I brought my own things with me, it feels like my own place now." Another person said, "They [staff] told me to bring what I wanted, look I have my favourite things here." People had been encouraged to decide if they wanted to bring their own items from home or for the service to provide these. The decoration of each room had also been discussed where possible to support individual choices.

We reviewed the records relating to any concerns or complaints that had been received. We saw that these were responded to in a timely manner. Records contained details of any correspondence with people. However, we noted that records did not show full details of the outcome of any investigations undertaken. The correspondence did give an indication of proposed actions that the registered manager was considering. This was discussed with the registered manager who told us that forms would be adjusted to

accommodate these further details.

We noted that previous incidents had been appropriately dealt with and included contact with any other agency, such as the local authority adult safeguarding team. This showed us that the registered manager worked with external agencies to fully investigate and resolve any issues or complaints. We were also shown a large collection of letters and cards that clearly expressed the gratitude of people who had used the service and their families for the quality of care and support that staff had provided.