

## Foundation Care (Norwich) Limited

# Manton Hall

### 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

Manton Hall is a residential care home for people living with dementia. The accommodation is spread over two floors with the main communal areas situated on the ground floor.

At the last inspection in September 2016, the service was rated Good. At this inspection we found that the service remained good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were sufficient number of staff that had received the training and support that they required to provide effective care to people. Staff had been subject to appropriate recruitment procedures to ensure that they were of good character. People were protected from the risk of harm because staff were confident in recognising issues and reporting their concerns to maintain people's safety.

People received personalised care and support and had detailed plans of care in place to guide staff in providing their care. People's needs were monitored closely and their plans of care reviewed to ensure they received appropriate care and support. People had been involved in developing their plans of care which meant that people received consistent and personalised support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to access healthcare professionals and to maintain their health and well-being. Staff were vigilant in noticing changes to people's health. People were supported to have sufficient amounts to eat and drink to help maintain their health and well-being.

Staff took time to get to know people and ensured that people's care was tailored to their individual needs. People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles effectively. The quality of the service was monitored by regular audits carried out by the registered manager and by the provider.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains 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 checked 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 comprehensive inspection took place on 17 May 2017 and was unannounced. The inspection team consisted of an inspector and one 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. The expert by experience had experience in using care homes and community services for their relative.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 13 people who used the service and four of their relatives. We spent some time observing care for six people to help us understand the experience of people who lived with dementia. We spoke with five members of staff including three care staff, the registered manager and the provider. We reviewed the care records of four people who used the service.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

## Is the service safe?

### Our findings

People told us that living at Manton Hall made them feel safe. One person said "I feel safe because there is someone just there when you need them." Another person told us "I feel safe here, the staff help me get up and I am in the lounge most of the time; the staff spend time with me there." People's relatives also had confidence in the ability of staff to provide safe care to people. One person's relative told us "[Name] is safe here; I can go home happy feeling he is safe here."

There were sufficient numbers of staff that had been subject to appropriate pre-employment checks working in the home. People's call bells were answered quickly and staff had time to interact positively with people living in the home. One member of staff told us "There are enough staff on duty. If we are ever short staffed we cover shifts using agency staff so there are always enough of us working."

People could be assured that they would receive their prescribed medicines. One person told us "They always give me the tablets that I need." We observed staff administering people's medicines and saw that the member of staff checked each person's Medication Administration Record chart prior to dispensing people's medicines and administering them. Staff responsible for the administration of people's medicines had received training in how to do this safely and their competency to administer medicines had been checked.

Risks to people had been assessed and action taken to mitigate people's assessed risks. For example, people at risk of falls had care plans in place to provide guidance to staff in how to reduce the likelihood of people falling. A number of people living at Manton Hall also had falls alert pads in their bedroom to alert staff if they were mobilising and therefore required support. People at risk of pressure areas received the support they needed to mitigate this risk. People were supported to reposition regularly and people's pressure relieving mattresses were set at the correct setting.

## Is the service effective?

### Our findings

People were supported by a staff team that received the training, supervision and support that they needed to provide people with care and support that met people's needs. One member of staff told us "The training is really good here. There is plenty of it and it has helped me feel more confident working here." Staff received regular training and support. One member of staff said "The manager is very approachable. We have regular supervision; every couple of months."

People were supported to eat, drink and maintain good nutrition. People were given a choice of meals and told us that they enjoyed the food in the home. Comments from people included "It's good; no need to go hungry in here. I am a vegetarian they know what I like so they get it for me. I will eat fish" and "I enjoy my food, my dinner today was lovely." We observed people being offered a choice of main meal and people who required support to eat their meals received this in a discreet dignified manner.

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. One person told us "If I am poorly they arrange for the GP to come and see me. The GP comes in about once a week.."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff at Manton Hall were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested from the local authority. Staff followed any conditions associated with the authorisation of DoLS for people within the home. A visiting professional told us "The staff are very good here at making sure people have detailed plans of care and that their best interests are considered." Staff had received training in the MCA and DoLS and had a good understanding of peoples' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

## Is the service caring?

### Our findings

People living at Manton Hall continued to be treated with dignity and respect. We observed staff knocking on people's bedroom doors prior to entering and referring to people by their preferred name. One person told us "If they are helping me to get washed and dressed they always use a towel to cover me and make sure to close my curtains."

Since our last inspection the home had introduced a wishing tree in the main corridor to enable people to have greater control over their care and support. People were encouraged to place a leaf on the tree with their wishes and aspirations written on it to provide information for staff about what people living in the home would like to do or achieve. Staff used this information to tailor the care and support that they provided to people and to help people plan trips and activities. For example, one person wished to have a pet bird. We saw that staff had supported this person to buy two birds which they kept in their bedroom. Another person wished to visit a garden centre and we saw that this person had been supported to visit a local garden centre and a photo of this trip placed on the tree.

Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance. We observed staff support people with dementia to find their way around the home, to ease their anxieties and prevent them from becoming distressed.

People were supported to maintain their faith. There were regular church and culturally specific services in the home which people were able to attend if they wished to.

## Is the service responsive?

### Our findings

People's needs were assessed prior to moving into Manton Hall to ensure that people's individual care and support needs could be met within the home. People had detailed individual plans of care in place to provide guidance to staff in providing personalised care and support. One person told us "The staff know me really well. They know that I like to be in bed by 10pm everyday so they come to help me by 9.30pm."

People were supported to pursue their interests and maintain their hobbies. One person told us "I love birds. The staff bring me bird seed and I can go outside and feed the birds and put seed on the bird table and watch them from my bedroom." There was a weekly programme of activities facilitated by an activities coordinator for people to take part in. We observed an activity in the main lounge of the home taking place during the inspection and we saw that people were actively engaged in the activity and that staff had created a positive, social atmosphere.

People received personalised care and support from staff that knew them well. People's plans of care indicated their current needs. Staff told us "people's care plans are reflective of the help they need so we know we can rely upon the information in them. We also have a handover meeting everyday so we get told about anyone who is poorly or who has had a change in needs. It helps make sure that we look after people properly."

People knew how to make a complaint. One person told us "I spoke to the manager about one of the staff once. They took my concerns seriously and I have not seen that person working in the home since." We reviewed the complaints that had been received by the provider and found that these had been investigated and responded to in a timely manner.

## Is the service well-led?

### Our findings

Manton Hall was being managed by 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.

The service had a clear vision and set of values which staff understood and put into practice. Staff told us there was good team working and approach to delivering care and support that was centred on the people using the service led by the registered manager.

The registered manager sought feedback from people both formally and informally. Relatives meetings had been established to provide a forum for the registered manager to share and consult with people about developments to the home. The registered manager also facilitated meetings with people living in the home to obtain feedback from people on topics such as the menu and the activities provided within the home.

In response to people's feedback since our last inspection the registered manager had reviewed how the service supported people at mealtimes. A serving hatch had been created between the dining room and the kitchen enabling people to approach the chef and request drinks and snacks. The registered manager had also removed hot trolleys from the home and people were served their meals direct from the kitchen to their preferred place of eating. The registered manager told us that this meant that people's food was hotter, fresher and that there was more room in the dining area for people to move about.

The manager was a visible role model within the home and staff felt supported and had a clear understanding of the vision and ethos of the service. Staff were extremely positive about the manager and told us they felt valued and listened to. The registered manager and the head of care completed regular audits to assess the quality of the service. They checked people's care plans were completed, regularly reviewed and checked that medicines were administered safely by staff who continued to be competent to administer them. They monitored and analysed accidents, incidents, falls and complaints and where issues were identified, actions were agreed and taken.