

Francis Kirk

# Mansion House Residential Home

## 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

On 3 February 2017 we inspected Mansion House Residential Home and found them to be in breach of three Regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach of Regulation 12 was in relation to improvements needed to the safe administration of medicines; Regulation 17 not having sufficiently robust quality assurance audits and Regulation 19 staff were being recruited without the necessary employment checks in place.

We rated the service as 'Requires improvement' for the key questions of Safe and Well led and 'Good' in Effective, Caring and Responsive. We asked the provider to complete an action plan as to how they would improve the service. The provider wrote to us showing the actions they had taken since our last inspection.

We carried out this unannounced inspection on 10 April 2018 to see if the provider had made the necessary improvements to the service. We saw that improvements had been made to ensure people had their medicines in a safe and timely way and robust monitoring audits about the quality of the service and the recruitment of staff had been improved. All of the key questions were rated as 'Good' and the service received a rating of 'Good' overall.

Mansion House Residential Home 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 accommodates up to 37 older people. Care is provided over two floors. At the time of our inspection there were 27 people living at the service. Mansion House Residential Home also provides a personal care service within the community called Mansion Care which provided care to five people with three staff supporting them.

A registered manager was in post at the service. 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 systems in place to safeguard people from avoidable harm and staff knew how to report any concerns. The risk assessments undertaken provided staff with the necessary information and guidance on how risks to people could be minimised. The service regularly reviewed their staffing arrangements to ensure there were sufficient staff available to support people safely.

Recruitment procedures had been improved for the safe employment of staff. Improvements had also been made to the way in which medicines were managed and administered. Infection control procedures were followed in order to keep people safe and well. Systems were in place to learn from incidents and accidents and to improve the service as a result.

An organised programme of induction, training, supervision and appraisals for staff were in place. Staff had the knowledge and skills to care for people effectively. They understood their roles and responsibilities to

seek people's consent prior to care being provided.

People were supported to have a choice of food and drink and to have a balanced and varied diet. The registered manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals to implement care and support plans.

The service had been adapted from a manor house into a care home. The design and decoration of the premises met people's needs.

Systems were in place to ensure that people's rights were respected and protected under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where people did not have capacity to consent to their care or make decisions about their lives, this was managed in line with the requirements of the MCA.

Staff were respectful and compassionate towards people ensuring their privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles and responsibilities. People's independence and choice were encouraged and promoted by staff.

People received personalised care that was responsive to their needs. Care plans were individual and detailed people's history, preferences and wishes. An effective complaints procedure was in place and had been implemented appropriately by the registered manager. People and their families were well supported by caring staff at the end of their life.

There was a positive, open and inclusive culture at the service. The service was well led and managed. Resources were available to support and develop the service and people, their families and staff were actively involved. Systems were in place to monitor all aspects of the quality of the service. There were opportunities to learn and develop new and innovative ideas in partnership with other agencies.

## 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.

Staff knew the correct procedures to follow if they thought someone was being harmed.

Risks were assessed so that staff knew how to keep people safe.

There was enough staff who had been recruited safely to meet people's needs.

People were getting their medicines safely and as prescribed.

The premises were clean and well maintained and infection control procedures were in place.

Improvements are made from lessons learnt.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed in line with current guidance.

Staff were trained and supported and had the skills and knowledge to meet people's needs.

People enjoyed the choice of food they were given and had their nutritional needs assessed and monitored.

Staff and professionals worked together well and people were supported to access health care professionals.

Systems were in place to ensure people's rights to consent to their care were in place.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with respect, were attentive to their needs and respected people's need for privacy.

People were encouraged to express their views and be as independent as possible.

### **Is the service responsive?**

The service was responsive.

People received personalised care that met their needs and respected their preferences and wishes.

A complaints process was in place and people and their families knew how to use it.

People and their families were supported at the end of their life.

**Good** ●

### **Is the service well-led?**

The service was well led.

The registered manager provided visible leadership, effective management and was proactive and inclusive.

Systems were in place to monitor the quality of the service for people who used it and worked in it.

People were engaged and involved in developing the service. Staff were supported, motivated and enthusiastic in carrying out their role and responsibilities.

Resources and support were available to drive improvement.

**Good** ●

# Mansion House Residential Home

## **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 was an unannounced inspection carried out on 10 April 2018. The inspection team consisted of one inspector, supported by 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. Their area of expertise was in caring for older family members.

Before the inspection we reviewed the information we held about the service. We looked at information received from agencies such as the local authority and from the service such as their action plan regarding improvements. We analysed information on statutory notifications received from them. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the service.

We spoke with 10 people who used the service and five relatives. We used observation to inform us about the interaction and communication between people who did not use language. In the absence of the registered manager, we spoke with two managers, the administrator, eight care staff, the cook and two visiting healthcare professionals.

We looked at a range of records including five care plans, three recruitment files, complaints and incidents and medicine records. We also looked at the provider's quality monitoring process.

# Is the service safe?

## Our findings

At the last inspection in February 2017, we found that the service was in breach of Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were improvements needed in the administration of medicines.

The provider sent us an action plan and told us what they were going to do to improve. At our inspection on 10 April 2018, we found improvements had been made and the provider was no longer in breach of this Regulation. Safe has now been rated as 'Good'.

The administration and management of medicines had been reviewed and improvements made. The medicine policy and procedure has been updated to include guidance about mishandling medicines, hygiene practices and the use of hand gel. We observed a senior care staff administering medicines at lunchtime. They were knowledgeable about the medicines people were taking and how they liked to be taken. The process was carried out in a safe and hygienic way and gloves and hand gel were used as appropriate.

We looked at three people's Medicine Administration Records (MAR) sheets and saw that these were completed correctly with no errors. Records of medicines which required two signatures of staff when administered to people was completed correctly in line with the requirements. People's care plans contained clear information about the level of assistance needed to take their medicines. Staff told us they had received training in administering medicines. Checks on the competency of staff to give medicines were completed. The service was proactive in liaising with people, their families and with professionals about the correct dose, ordering, disposal and administration of medicines. People who used Mansion Care either took their medicines themselves or were prompted by staff. People or their relatives took responsibility for the collection and ordering of their medicines.

One family member told us, "We are very happy with [relative] being here, we feel she's safe, there's plenty of staff around and we are always informed about her medication or any medical problems. They are on the ball and we choose the home for the reason of it being clean and very hygienic and of course caring staff"

Improvements had been made to the recruitment of staff to keep people safe. The files we saw contained all the necessary requirements such as an application form, satisfactory references, identification including a photograph and Disclosure and Barring Service (DBS) checks. Processes were in place to ensure that all staff would be correctly recruited for their role. DBS checks were also obtained for visiting professionals such as the hairdresser and the chiropodist.

Staff had a good understanding of safeguarding and what they might do if they suspected or saw abuse had taken place. All staff were trained in safeguarding and whistleblowing and were encouraged to raise concerns at any time.

People and their relatives were involved in discussing the risks which may have an effect on their daily life.

Risks to people's health and well-being were assessed and appropriate ways to manage those risks were recorded so that they could be managed safely. These included risk assessments for moving and positioning, mobility, falls, eating and drinking and those who were prone to pressure ulcers.

Staff had a good understanding of the risks that people faced and ways in which these were managed without reducing their freedom or choice. People could access all parts of the service and there was a lift available to the second floor. People were supported to walk with their frames and assisted to their rooms should they need the support of someone with them. This promoted their independence and assured them that they were safe from falling. One person told us, "If they can help you with anything they will. They look after us well that's why I feel safe. There is always someone around to help you" Another said, "Yes I feels safe here there's plenty of locks on the doors and staff keep an eye on me"

The provider kept up to date with the health, safety and maintenance of the building and the equipment within it in order that people lived in a safe environment. They had consulted relevant bodies to ensure they were up to date with current guidance such as the fire service about safety issues and had a food hygiene rating of five stars. Health and safety checks were completed and monitored and action taken to make improvements was recorded. The entry and exit doors were controlled by keypads outside and a release button inside. Visitors were encouraged to sign in and out. All safety signs was well placed and all fire alarms and exits were clear.

People told us they felt safe due to staff being around to assist them, availability of call bells in their rooms and a call system on a lanyard around their necks so that they could call for assistance at any time. Some people used wheelchairs and frames and all walk ways were wide enough and clear to allow them easy access. A family member told us, "[Relative] is fine here. They were very anxious to start with but the staff here really helped them to feel safe and secure and settle in.

Improvements had been made to emergency procedures. People now had up to date personal evacuation plans in place which included people's ability or support needed to exit the building in the event an emergency. These were kept near the front door for easy access. The service had obtained heat resistant blankets so that these could be used as needed.

There were sufficient staff on duty to meet people's needs. People told us that staff were available should they need them. The rotas were well organised and holidays and sickness were covered by existing staff. Staff told us that there was a consistent staff team of mature staff who communicated well together to ensure people were well cared for and safe. The manager at Mansion Care told us that they were, even after a year, finding it difficult to recruit for staff due to the geography of the service. Therefore, they are keeping small until more staff can be recruited. Both staff teams had a good skill and experience mix to meet the needs of people who used the residential and community service.

There were systems in place to record, review and investigate safety concerns. Staff reported through the appropriate internal and external channels such as through social services or the GP. Lessons were learnt, trends noted and actions added to the provider's on-going improvement plan. We saw that they had undertaken internal investigations with outcomes and actions to be taken. One such example was the liaison and effective communication and joint working with one family member to achieve greater satisfaction in the daily life of their relative.



# Is the service effective?

## Our findings

At our last inspection in February 2017, we found that effective was 'Good'. At this inspection the service remains 'Good'.

People's needs were holistically assessed and met. Care and support was delivered in line with current legislation and good practice so people received good outcomes.

Staff had the skills, knowledge and qualifications to meet people's needs. The manager from Mansion Care, who was a trainer, had developed a comprehensive training programme. This training was done face to face as well as using online training and covered a range of subjects staff needed in order to work with people who used social care services.

We saw that all staff had received a range of training including moving and positioning, administration of medicines, safeguarding adults from abuse, food hygiene, infection control and health & safety and dementia care during 2017/18. We saw a range of certificates in their personal files which verified this training. Training was also done individually with staff and when convenient to ensure there was no gaps in knowledge and information sharing.

The service used the Care Certificate as part of their induction process and, where existing staff did not have any formal qualifications, they were encouraged to complete it. The Care Certificate is a recognised set of minimum standards that social care workers should work within in their daily lives. The Certificate was completed during the induction process for new staff or for staff who did not have a recognised qualification in health and social care. Ten staff had currently completed it.

Staff told us the training was very good, interesting and useful. One staff member said, 'I'm in charge of all medications. I've been here a number of years and I have been trained to carry out my various roles well.' Another said, "It's great that we get to do a range of training. We do a lot more now that goes across the whole service, like care and housekeeping, and sometimes our roles merge and we all have to know how to keep people safe."

Staff received individual and group supervision three monthly in order to discuss their work and share experiences. Annual appraisals, where staff get the opportunity to discuss their professional development and work over the past year, had been completed for all care staff and the majority of housekeeping staff. Staff told us they were supported and appreciated. One said, "It's great working here, so much support and you can go to any of the managers." Another said, "It's a great atmosphere, we work like a big team, we know each other and there's a kind of mutual respect, no matter what your job role is."

Spot checks on staff competence to undertake their role were undertaken. These included medicine administration, using a hoist and providing personal care. This ensured staff had the skills and knowledge to provide effective care.

People had access to a bright and warm dining room and we saw that people experienced a relaxing lunchtime. One person said, "Oh yes the food is fantastic, really very good. I'm a vegetarian and they cater for me very well, I like salads and meat free meals plus there's always fruit. Nothings too much trouble". Another said, "I've been here for a few years now. Love it here. The food is adequate as I like fairly plain food but it seems to suit most people. We are always asked our preferences when asked about food."

People were supported to have a healthy and balanced diet and there was plenty to eat and drink with choices of a hot and cold selection, home-made cakes and fruit were available. People were encouraged to go into the dining room but some preferred to eat in their rooms. The menu was shown to people the afternoon before and they could choose their meals for the next day so that the cook knew who to cater for. The cook said, "It didn't matter if people forgot; there was a choice at meal times anyway." A photo book of different meals was shown alongside the menu so that people could make informed choices and decisions.

Our observation of the meal time experience showed that residents ate well had plenty of fluids and were encouraged to drink. It was a quiet time with a few residents chatting. Those that needed help eating were helped. We saw one staff member assisting someone to eat their meal and they spoke with them in a gentle way telling them what they were having, reassuring them and offering encouragement.

Risks to people's nutritional health were assessed, recorded and monitored using best practice guidance so that they maintained a healthy lifestyle and wellbeing. When risks were identified, people were referred to relevant health care professionals such as the dietetic services or the speech and language team if they were at risk of choking. We spoke with a visiting therapist from the team and they told us that, "The staff are proactive at recognising the signs when people are struggling to eat and always carry out the advice we give so that people have the best possible safe care."

The service worked with other organisations to share information and provide coordinated care for people when they moved between services. This was especially true when people went in and out of hospital. For example, they had developed some basic information about the person so this could be taken with them. People's day to day health needs were met through on-going assessment and the involvement of clinical and community professionals such as the GP, district nursing service, occupational therapy, dietician, physiotherapists and the tissue viability team. The service was very proactive in making referrals. One person was at risk of falls and we were shown information regarding a referral to the falls clinic and subsequent actions they had advised to take to reduce the person's risk of falls. We saw examples of professional visits being made to meet individual's needs.

People's needs were currently met by the adaptation of the premises. The building was a detached manor house which had been adapted and extended at the back to add on bedrooms, another further lounge and a conservatory. All levels sloped gently and doorways were wide enough for easy wheel chair access and there was a lift to the second floor. There was a safe and enclosed garden and the summer house was currently being converted into a tea room for people who use the service and their relatives.

Safety signage was in place but the notice boards were cluttered and not easy for people to look at. Details about activities and menu choices did not have large enough text or graphics to help people understand what was being served that day or what activities were going to take place. Most signage was at a good level for people to access. We discussed this with the Mansion House manager, along with the requirements of the Accessible Information Standard. They told us that they would take action to ensure people's information needs were met. Shortly after the inspection, a policy and procedure had been developed and issued to staff about the Standard and how they would ensure people had access to information to help them make informed choices.

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 authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the MCA and the conditions to deprive a person of their liberty were being met. The service had policies and procedures in place, and the Mansion House manager knew how to make applications to the local authority if someone was being denied their liberty. Staff had received training on the MCA and DoLS and were able to tell us who had capacity to make decisions for themselves and, if they couldn't, how people were being denied their liberty in their best interests.

Mental capacity assessments had been completed in consultation with the person's family where a person could not consent to their care and treatment. We observed that staff obtained consent from people about everyday tasks and activities. We saw staff ask people if they wanted help with their meal at lunchtime, if they needed help up the corridor, if they wanted the staff member to pop and get something from their bedroom for them. This meant that people retained control of choices and decisions in their life. One staff member said, "I always ask [person] what they want to wear everyday regardless if they can make a choice or not. It's just respectful." Another said, "When [person] asks to go home, and I know they can't as it wouldn't be safe, I usually distract them and talk about other things."

## Is the service caring?

### Our findings

At the last inspection in February 2017, we found that caring was 'Good'. At this inspection the service remains 'Good'.

People told us the staff were caring, kind and loving. One person said, "When [staff] help me in the mornings, they always have a smile on their face." Another said, "I like them all, all lovely staff." One family member said, "Absolutely brilliant, true carers in the meaning of the word."

People were treated with kindness and compassion. People's needs were attended too quickly. Staff approached their work in a caring way which was individual and focussed on the person and not the tasks. People felt that they mattered; staff listened to them and talked with them appropriately, sensitively and with respect. We heard staff use people's first names and conversations about things that the staff knew that people would be familiar with and of interest to them. One person said, "I could sit with [staff name] all day and chat but I know they don't always have time for that." Another said, "We are kept amused by [name of activities coordinator] and they do the activities in a nice way and we like the competitions."

Staff knew people very well, their personalities and their history. People were certainly very happy with their care. People were supported to maintain contact with friends and family and relatives told us they were able to visit at any time and were always made welcome. One family member said, "They ring me whenever to let me know about [relative] care and any changes. They include us whenever they can." Another said, "A relative said "I visit [relative] a few times a week and I can come whenever I wish which is really useful. I like the fact that I can come in when I want to see them and they have been here a while now."

People told us that the staff helped them to maintain their well-being and independence. One person said, "They help me with my frame and keep me upright and mobile." We observed that staff always asked before they assisted someone and were warm and positive in their approach when helping people around the service. One example of their caring approach was with a person living with dementia who came into the office as they were getting worried and then upset about the time they got up in the morning. The Mansion House manager spoke with them at length, assuring them in a calm, gentle tone and making suggestions of what could be done about it to help them. After a while, another staff member came in and naturally noticed the situation and came behind the person in a gentle way to offer a distraction and ask if they wanted to help them in the dining room. The staff worked together as a team, without using words, in order to assist this person and allay their distress and upset. This was person centred care.

People were involved in their care planning and assisted to make decisions and choices. People felt listened to by the staff and their views respected. Information was available in a style they understood although the notice board could be clearer and with larger print so people could see it clearly. People were encouraged to mix with other people during meal times and activities to reduce isolation and loneliness.

Throughout the day we observed many interactions between people who used the service and staff. Staff were very knowledgeable about people's needs and personalities. People confirmed that staff knocked on

their doors before entering and we saw that evidenced throughout the day. One person said, "They deal with my personal care in a sensitive way, covering me up and closing the curtains and doors." People's privacy and dignity were maintained by staff in the way they spoke with them and the way in which they carried out their work. The alarms system to people's bedrooms was lowered in volume in the night so as to not disturb people's sleep.

People were dressed appropriately for the time of year and in outfits which were clean and colour coordinated. Staff were aware of the colour people liked and particular items of clothes. One staff member said, "Come on [name of person], let's go and change your top, you have got your dinner all down it."

Positive caring relationships had developed between staff and people who used the service and we heard staff engaged in laughter and friendly banter with people. Staff had a wide range of skills and knowledge to meet people's care and health needs and to talk and engage with them well. Rotas were arranged so that staff had time to listen to people and involve them in everyday life. Staff spoke with respect and compassion about the people they supported. A member of staff said, "I love what I do here, it's quite structured but calm and relaxed." Another said, "I've had loads of training since I have been here in things like handling and deprivation, it's helped me with understanding people and what they need. A third said, "We have a superb team here and the work is very rewarding and satisfying. There is not a day goes by that I have not felt I have made a difference. Just because they are elderly doesn't mean that they should stagnate."

## Is the service responsive?

### Our findings

At the last inspection in February 2017, we found that responsive was 'Good'. At this inspection the service remains 'Good'.

People contributed to their assessment and planning of their care. The care plans we saw were holistic and person centred. The care records we looked at showed that an assessment of people's needs and circumstances was completed in order to be sure that the service could meet them. A plan of care was put in place as quickly as possible with the involvement of the person and their relatives so that staff knew how to meet their immediate needs and how to settle them in and get to know them.

People who used the service along with families and friends had completed a life history called 'All about Me' with information about their life experiences and what was important to them. The care records and risk assessments we saw contained the person's personal care routine, their mobility and any risk of falls, nutrition, ways of communicating, sensory needs, support with behaviour which may be challenging, how they liked to address their sexuality and social and leisure activities. People's likes, dislikes and preferences were taken into account for things like food, drink, socialising, and what to wear. People, their families or their legal representatives had consented in writing to the sharing of information about them.

The service provided short term care when needed for family carers to have a break. One relative told us, "It's great to have this facility on the doorstep and they are very caring and [relative] has got used to everyone."

Care records had been regularly reviewed and updated to demonstrate any changes to people's care and had been written in a person centred way. The records of people's daily life contained information about what they had done that day, how they had slept, any social or leisure activities they had participated in, their mood and behaviour and any visits by professionals or family members.

Most people could make decisions about how they spent their time. One person said, "I like to watch the world go by." Another said, "I like my own company and am content to spend time in my room." A third said, "I really look forward to my family coming and I like going out when trips are organised."

The employment of an activities coordinator and volunteer was working very well, with activities also taking place at the weekend. The activities were very popular with both men and women and a real effort was made to go round and get as many of people participating as possible. One to one activities are offered to people who do not wish to attend the main activity. Most people joined in and were seen to be engaged and happy. The activities sessions made some people come alive and they seemed stimulated and comfortable. This resulted in people becoming more chatty and responsive to their peers. The sing-along was very popular, but maybe a little dated for some, as due to some people's age, they probably remembered more about the rock and roll era and the 1960s than they do about First and Second World War songs. One person said, 'I enjoy the sing along, it's good for me and my chest, and did you hear us? It's good, I'm coming back this afternoon.'

At particular times throughout the year, activities and meals are themed, such as Easter and Halloween. Trips out included using community transport to garden centres, places of interest and cafe's. The local pub down the road is also popular. Entertainment was planned throughout the year and some events last year included a singer and a BBQ, a classical music trio and a group of line dancers where, we were told, a few people joined in. A staff member said, "People love the line dancing when the guy comes in." And another said, "On Thursday, we have cinema time with popcorn and ice cream, it's very popular." We were told that the summer house in the garden was being transformed into a tea room. People will be choosing the décor and furniture and it will be ready for the summer.

People's religious needs were catered for. A vicar from the local church visits monthly, a priest spends time with people if and when requested and Jehovah Witnesses provide magazines regularly for those who wish to read it.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People and their families knew who to complain to if they had any concerns or to make a complaint but most said they had not needed to, as they were happy with the care and support, they received. The service recorded people's verbal concerns and recorded the actions they had taken to resolve them. Records show complaints had been dealt with appropriately by the management team.

People were supported at the end of their life to have a comfortable and pain free death as possible. Information about their wishes, preference of where they had chosen to die and their funeral arrangements were contained in their care plan. We saw 'Do not attempt cardiopulmonary resuscitation' (DNACR) orders in place which recorded the decision a person, or others had made on their behalf, to show that they were not to be resuscitated in the event of a sudden cardiac arrest.

The registered manager involved palliative care professionals in a timely way. We saw that families had expressed their thanks and gratitude for the care and sympathy they had received from the service during difficult times.

## Is the service well-led?

### Our findings

At the last inspection in February 2017, we found a breach of Regulation 17 regarding audits on the recruitment of staff and competency checks on staff administering medicines to people that had not been undertaken to keep people safe. At our inspection on 10 April 2018, we found that improvements had been made and the management and staff delivered high quality care. Well led has now been rated as 'Good'.

A registered manager was 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.

People were complimentary about the staff and the management team. They told us, "The staff are lovely, so sweet and caring," and "they will do anything for you," and, "The managers run this place like clockwork and all runs smoothly."

The restructuring of the management of the service had greatly improved its delivery of care and support to people who used the service and staff. The registered manager had taken on a more day to day hands on role and staff said this had had a good effect on morale. The Mansion Care manager had taken on the role of trainer for staff across both services and had developed a structured training programme with a focus on quality. This had made a difference to staff and their performance. There were clear management roles and responsibilities which helped in the overall management of the service. The management team told us that this was working very well and they were coordinated in carrying out their improvement plan for the service. The managers were visible and accessible to people and their families. One relative said, "I can go in there anytime and they are approachable, caring and will do their best to sort anything out for me."

Improvements on quality assurance systems had been put in place and we saw that all recruitment files were checked and complete and competency checks on staff members ability to undertake their roles and responsibilities were in place to keep people safe. There was a quality assurance system in place with audits being undertaken to assess and monitor the service. These were thorough and any action needed were recorded.

Regular reviews of people's care plans and risk assessments were completed including the daily records of people's eating, drinking and daily weight so that any fluctuation in their health could be monitored. Health and safety audits on equipment and the premises were undertaken and professional advice sought where relevant.

Meetings with people who used the service, their relatives and a manager were held every four months and recorded. At the last inspection, people had asked to have more activities. Action had been taken and a range of social and leisure group and individual activities had been developed which people enjoyed. This showed that the service listened and acted upon people's comments and views. People's views had also been obtained in a recent survey. This has shown that people and their families were happy with the care



provided and that over the past year improvements had been made. The service has a Face book page and twitter account which relatives can access.

Staff understood the visions and values of the service and carried these out in their daily work. Staff meeting were also every four months and addressed concerns and everyday issues relating to the care of people who used the service. One current training objective, for example, is the use of language and how staff and managers can use words which are empowering and positive in their daily work. Management informed us they will monitor the effect this has on people and the service as a whole.

All staff told us they would have no concerns about speaking to any of the managers if they wanted to raise issues about the delivery of care or running of the service. Staff told us, "It's a great place to work, been here years but every day is different," and, "The managers are supportive and interested in how I feel and that's important when you are caring for people."