

Foundation Care (Norwich) Limited

Manton Hall

Inspection report

Lyndon Road
Manton
Oakham
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Ratings

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

Summary of findings

Overall summary

About the service

Manton Hall is a residential care home providing accommodation and personal care for up to 34 older people. At the time of our inspection 32 people were living in the service.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce any risks. People received care from staff that were safely recruited. There were enough staff to ensure people's care needs were met. People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's needs were assessed before they went to live at the service. Staff received an induction when they first commenced work at the service and ongoing training that enabled them to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being. Staff placed a strong emphasis on the dining experience to ensure it was enjoyed by all. Staff supported people to live healthier lives and have access to healthcare services.

The service had a friendly atmosphere where visitors were welcomed. The premises were homely and adapted to meet the needs of people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service very well and had built up kind and compassionate relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was always maintained.

People's care plans were detailed and supported staff to provide personalised care. People were encouraged to take part in a variety of activities and interests of their choice. There was a complaints procedure in place and systems to deal with complaints effectively. The service provided end of life care to people when required.

The service was well managed. There were systems in place to monitor the quality of the service and actions were taken, and improvements were made, when required. We received positive comments from people using the service, relatives and staff who praised the support they received from the manager. Staff were motivated to work to the values of the service to ensure people received good quality care.

The service worked in partnership with outside agencies. Staff, people using the services and relatives were encouraged to provide feedback which was analysed and acted upon when required.

Rating at last inspection

The last rating for this service was Good (published 30 June 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Manton Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Manton Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The registered manager de-registered with the Care Quality Commission (CQC) on 24 May 2019. The provider had appointed a new manager and their application to register with CQC was in progress. This meant, once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service such as notifications. These are events which happen in the service the provider is required to tell us about. We also considered the last inspection report and information sent to us by other agencies. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this and the other information we received into account when we inspected the service and in making the judgements in this report.

During the inspection

We spoke with five people using the service and two relatives. We had discussions with seven members of staff including the activities coordinator, chef, catering assistant, hostess, laundry assistant and two care staff. We spoke with the manager and the company operations development manager. 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 with us. We reviewed a range of records including three people's care and medication records. We also reviewed a variety of records relating to staff recruitment, training, supervision and support and the management oversight of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. All the people we spoke with told us they felt safe and family members told us their relatives received safe care. One person said, "I feel very safe in their [staffs] hands. I am well cared for."
- Staff received safeguarding training to help recognise the signs of abuse and protect people from avoidable harm. Staff understood how to report any concerns and had access to the relevant safeguarding policies and procedures.
- The registered manager was aware of their responsibilities for reporting all safeguarding concerns to the local authority and to the Care Quality Commission (CQC). Safeguarding records confirmed investigations had been carried out as required.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. People had risk assessments in place which identified any risks to their health and safety. For example, risk of developing pressure ulcers, falls and nutritional risks.
- Staff knew the level of support people needed to reduce the risk of avoidable harm. For example, we saw staff support people to eat and drink and mobilise safely.
- Risk assessments were up to date and available to relevant staff. This meant staff were able to follow guidance to help ensure people were consistently supported safely.
- Each person had a personal emergency evacuation plan (PEEP) in place. This meant in the event of an emergency requiring evacuation of the building people would receive the correct support and equipment to safely leave the building. The PEEP's were up to date and reflective of people's current needs.

Staffing and recruitment

- Everyone we spoke with told us there were enough staff to meet their needs. One person said, "There seems to be enough staff about, and they are always come to help me when I ask." One member of staff said, "I think we have enough staff, we all work as a team." We observed this team approach over lunch time when all staff helped with serving meals and aiding people who required support to eat and drink.
- Staff recruitment records demonstrated robust pre-employment checks were completed, including obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Using medicines safely

- People told us they received their medicines at the prescribed times. We observed staff administering medicines in the way people preferred to take them. Staff were patient with people who required more time to take their medicines.
- Staff told us, and records showed, they received appropriate training in the safe handling and administration of medicines, and their competencies were regularly assessed. One staff member said, "Only the senior staff administer medicines, its important there are no mistakes, we wear a do not disturb apron. That way people and staff know we have to fully concentrate on what we are doing."
- Regular medicines audits were completed to ensure any errors could be quickly identified and dealt with in a timely way.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal protective clothing and equipment safely and the environment was visibly clean.

Learning lessons when things go wrong

- Staff reported accidents and incidents and the manager reviewed them. This enabled any themes or trends to be identified and additional control measures put in place to reduce the risk of recurrence.
- Staff received feedback about changes to practice at shift handover meetings and other staff meetings. They said they had the opportunity to contribute their views and felt communication was good.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care was assessed before moving into the service. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their holistic needs.
- Assessment documentation considered the characteristics identified under the Equality Act and other diversity requirements such as cultural or spiritual needs.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. A training schedule was in place, to ensure all staff were kept up to date with current good practice. The training provided was all face to face, staff said they found this style of training better than completing e-learning modules on a computer.
- All new staff went through an induction period, which included shadowing more experienced staff to get to know people.
- The system for staff supervision and support was consistently applied. Staff told us they had regular supervision meetings and felt confident they could raise any issues and discuss any learning and further development needs.

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

- People using the service were very complimentary about the food and meals provided. One person said, "The meals are lovely, always hot and tasty." Another person said, "The staff ask what you like, the meals are very nice." All people said they had a choice of meals and could always choose something else if they did not want what was on the menu.
- People's risk of malnutrition was assessed and monitored, and their weights were regularly checked. The care plans provided details of people's food preferences, any food allergies, intolerances and the level of nutritional support people needed. When people showed signs of losing weight, or swallowing difficulties staff referred them to the appropriate professionals for additional advice and input.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- When required, the manager and staff made the required referrals to other healthcare professionals. They incorporated health advice into the person's care plan. Records showed people had access to a GP service, dietitian, community nursing services and other professionals as required.
- People had access to preventative and early diagnostic services such as regular eye tests and access to a chiropodist. Staff assessed people's oral health and developed oral health care plans.

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

- The premises were suitable and accessible to the people living at the service. The environment was clean, well maintained, homely and offered plenty of personal space.
- People were encouraged to personalise their rooms and we saw these reflected people's personal tastes and preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. We observed staff explain what they were doing and obtained people's consent before carrying out any care tasks. For example, when assisting people to eat and drink, and when assisting people to move using hoist equipment.
- DoLS applications had been submitted to the local authority and restrictions always followed the least restrictive principles.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People gave very positive feedback about the attitude of staff and the way they were treated. For example, one person said, "We get on very well and have a good laugh together." Another person said, "The staff are very kind and helpful." A relative commented, "The staff are lovely, [name of person] is very happy living here, they always say how nice the staff are."
- We observed staff treated people with kindness and understanding. They were knowledgeable about people's individual needs and preferences and took account of this when they provided support and assistance. One staff member told us, "I absolutely love doing my job, it is so rewarding knowing you are making a positive difference to people's lives."
- Staff received training in equality and diversity. Our observations of care demonstrated that staff understood the importance of equality and what this meant when meeting people's individual needs. Consideration was given to people's individual, religious and cultural needs. For example, people were supported to practice their faith through joining in-house and external church services.

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

- People told us they had choice in their daily lives. One person said, "I have the flexibility to choose what I want to do, whether to stay in my room or join people downstairs."
- We reviewed notes of 'resident meetings' and saw a range of topics were discussed and people's views were recorded and acted on.
- People could have access to an advocate who could support them make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was protected by staff. One person said, "The staff are respectful. They always knock on my door and ask if it's okay to come in."
- People were encouraged to maintain their independence and do as much as they could for themselves. People's care plans included information on the things they could do independently and things they needed staff support with. One person said, "I can wash myself, but I need a little help with washing my back." Another person said, "The staff showed me how to use the stairlift, so I can take myself downstairs."
- People were supported to maintain and develop relationships with those close to them, social networks and the community. One person said, "I like to write letters to my friends, but I have hurt my right hand, which is my writing hand. I think one of the girls is going to write a letter out for me."

- The service complied with data protection law. The information we saw about people was kept in a locked office with access only to staff and other professionals involved in people's care. This meant people's private information was kept securely.

Is the service responsive?

Our findings

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

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

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

- The assessment documentation in people's care plans considered their preferences about how they wished to be supported and included any cultural or religious requirements. Staff we spoke with knew people well and provided people's care in accordance with their needs and wishes.
- People told us they received good quality care that met their needs. A relative said, "The staff always keep me informed about any changes, if [Name] is not well, they will call the doctor for medical attention."
- The manager was in the process of reviewing and updating the care plans into a new format. We saw the care plans had been kept under regular review with people and their representatives and were reflective of their current circumstances. The care plans were personalised and contained information about people's likes and dislikes. For example, their favourite music, television programmes, previous occupations and hobbies and interests.

Meeting people's communication needs

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

- Communication care plans were in place for each person and provided details of any sensory or speech impairments and how they preferred staff to communicate with them. This ensured staff were aware of people's communication difficulties and could support them to maximise their understanding and involvement.
- The service could provide people with information in different formats if it was required, such as large print.

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

- We observed activities taking place on the day of our visit. People were involved in word games which they enjoyed. One person said, "It keeps your mind active, I like doing this kind of thing." Another person said, "There is always plenty going on." The activity person told us they took people to a local school which specialised in theatre and music. On the afternoon of the inspection a group of people went there to watch a Christmas performance. On their return all said they had thoroughly enjoyed the performance. They told us they had the opportunity to go out regularly for visits and social activities and there was a range of in-house activities.
- The service had a pen pal initiative with a local school, so people that enjoyed letter writing could keep

engaged with people outside of the home. During the summer the staff had provided a seaside themed activity, complete with children's donkey rides, ice creams and fish and chips.

- People were supported to develop and maintain relationships with people who mattered to them. One person said, "My [Relative] lives nearby, they come to see me, and I go to see them." People and relatives told us there were no visiting restrictions and staff always made them feel welcome.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. People told us they felt comfortable to speak to the manager and staff if they had any concerns or complaints. They had confidence that appropriate action would be taken to resolve any concerns. Records showed complaints were dealt with following the complaints procedure.

End of life care and support

- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.
- At the time of inspection the service was not supporting anyone with end of life care. But as part of the care planning and review process more recently people's wishes were sought on how they would want their end of life care to be provided.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the last inspection a new manager had been appointed and was in the process of registering with the Care Quality Commission. The manager knew people using the service well, led by example and worked closely with people, relatives and staff.
- There was an open culture where people were placed at the heart of the service, and their views were listened to and valued.
- Staff said they respected the manager. The comments we received were all positive, for example, "[Name of manager] is very approachable, they always make themselves available." And, "Staff morale is good. The manager is very supportive, we all work as one team."
- The manager and staff team worked closely with healthcare professionals and were open to advice and recommendations to drive continual improvement at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records demonstrated the manager complied with the duty of candour. The duty of candour is a set of specific legal requirements which providers of services must follow when things go wrong with care and treatment.

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

- The manager was clear about their responsibilities and sent us required information such as notifications of changes or incidents which affected people who lived at the service.
- The manager and the operations development manager completed a range of audits to monitor the quality of care provided. Actions from the audits were identified and undertaken. Staff meeting minutes showed the outcomes of quality audits were discussed with staff.

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

- Resident and relatives meetings took place regularly. Notes of meetings showed a full range of topics were discussed including, updates on the service, menus, activities and outings.
- Staff said communication was good, and they had regular staff meetings and one to one supervision meetings. Staff said they were kept up to date on service developments and any changes to people's care

needs.

Continuous learning and improving care

- There was a commitment to the continuous positive development of the service and the care provided.
- The manager and staff team were continually making improvements to the care and support provided, to achieve the best possible outcomes for people. They achieved this through gaining feedback from people and relatives and good communication.
- Regular care reviews took place to ensure the care people received was appropriate to their assessed needs. In addition, quality reviews took place on all aspects of the service.

Working in partnership with others

- Records showed people were referred to healthcare professionals as and when required and staff followed the advice of healthcare professionals.