PAMMS INTELLIGENT CARE

PAMMS East

ADASS EAST Accommodation Services (OP) for Manton Heights Care Centre

Overall Rating

GOOD

Involvement and Information

Respecting and Involving Service Users

Standard Rating

Requires Improvement

A01 **The care plan should be individually tailored, person centred, include appropriate information on the SU's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.**

Good

What We Found

- Three care files were viewed during the inspection, these were of three residents who had recently moved onto either Oakley or Carlton unit following the consolidation of the Maulden unit which is closing for a complete refurbishment. Each of the care files viewed had been updated to reflect the move within the past couple of days. One of the care plans was a specific consolidation plan regarding the move, these clearly documented the increased level of support that was to be offered to the individuals to get used to their new environment. A post move log sheet was being completed recording how the individuals were since the move. Each of the care files contained a grab sheet, these held appropriate information which includes next of kin, GP details, likes/dislikes and any known allergies. Of the three care files viewed it was recorded how the individuals preferred their care to be delivered. One care plan viewed evidenced that the individual lacked capacity and therefore the LPA, who was a close relative, had been involved with the writing of the plan. ABI Unit- These care plans are extremely comprehensive and set out clear goals and achievements to set them on the their pathway and journey to recovery. Robust pre-admission paperwork is received from which the care plan is written along with input from the service user and other health professionals

A02 **There is evidence that SU's have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).**

Good

What We Found

- Although none of the care plans viewed on the day were in a different format I was informed that should an alternative version such as pictorial or large print be required then this will be provided. I was also informed that the Statement of Purpose can be provided in different formats including other languages if English is not their preferred language On walking around each unit it was noted on the activities boards that had both written and pictures of planned activities on offer. Consideration could be given to have typed and pictorial menu's on each dining table to enhance the dining experience.

B01 **Through observation of staff interaction and discussion with service users there is evidence that SU's are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. SU's are treated with kindness, compassion and empathy. Care workers are seen to support SU's choices and preferences in regards the way their care and support is delivered.**

Requires Improvement

What We Found

- During observations it was noted that on the whole service users were treated with dignity and respect and were encouraged to remain independent. Staff were observed maintaining service users dignity when being hoisted from wheelchair to chair in the communal areas. All staff were seen conversing with service users throughout the day. One area that needs to be addressed would be the dining experience and when refreshments are offered. It was noted that during one of the lunchtimes observed service users were given an element of choice but not throughout. An example of this being although a service user was offered a choice of dessert custard was added without the service user being asked. Another example was during afternoon tea being served. The carer in charge of this on Carlton unit gave a slice of cake to all without asking. The manager immediately picked up on this and requested for some bananas to be sent from the kitchen as she knew that several of the residents would prefer this as an option. Unfortunately one resident had taken poorly during one of my visits. Paramedics were present and as this was happening in a communal area privacy blinds were placed around to maintain dignity.

B02 **Through observation of staff interaction and discussion with service users there is evidence that service users are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.**

Requires Improvement

What We Found

- Staff interaction with the residents on the whole was observed as positive but as previously recorded they were not always given the opportunity to make a choice eg dining experience.

B03 **Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.**

Good

What We Found

- Of the service user spoken with each of them confirmed that they would talk to the staff including the manager at the time if they had any concerns. None of those spoken to had any specifics they could share. There was however evidence of minutes and outcomes from residents meetings where issues had been raised and acted on

B04 **Service users spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.**

Excellent

What We Found

- As this assessment was carried out during the Covid pandemic service users were only allowed one named visitor at a time. Service users were being supported to the 'lodge' for these visits. On speaking with them on their return most of them shared that it had been nice to spend some time with their loved ones. There was also an option of an indoor visit in a dedicated room that had been specifically set up for such visits. A dedicated worker has been given the role of organising and facilitating all the planned visits. This was observed during the visits and demonstrated a positive outcome for both service users and their visitors. The manager also confirmed that service users are able to contact relatives by phone or Skype.

B05 **Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.**

Requires Improvement

What We Found

- Service users spoken with regarding activities were unable to confirm any activities that were offered and whether or not they attended. It was noted that during each visit there was a lack of activities taking place even though there was a timetable of activities displayed. One activity noted was making smoothies, it was difficult to see that this was a meaningful activity for any of the service users. On another occasion the activities worker was observed patting a balloon between service users which was brought to the attention of the manager as an IPC concern. Senior management agreed that this was an area that remained work in progress.

C01 **Staff are able to explain how they ensure people are treated with dignity and respect.**

Good

What We Found

- Of the staff survey's received each of these referenced they were aware how to treat someone with dignity and respect. Examples of this being ensuring the door to their room is closed when providing personal care and respecting their choices as long as they were not putting themselves at risk.

Involvement and Information

Standard Rating

Requires Improvement

Consent

A03 **Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLs. POA is clearly documented and evidenced across the care plan where relevant.**

Requires Improvement

What We Found

- There was evidence within in the care files that capacity and best interests decisions had been considered. Copies of the current DoLS were viewed with any conditions attached incorporated in the main body of the care plans. Due to the recent consolidation plans the management team had to complete DoLS form 10 for consent to the move, support was required from the Local Authority as not all the required processes had initially been followed. These have since been completed and submitted, evidence of these were viewed in each care file. On contacting the DoLS team for feedback as part of this assessment it was noted that issues had been raised by BIA assessors who had completed assessments and found that some conditions had not been reflected in the care plans. Care Standards have received QA's and are liaising with the manager to resolve this.

B06 **Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.**

Requires Improvement

What We Found

- Through observations it was noticed that consent was not necessarily gained before supporting with tasks. This was only in a few circumstances as on the whole it was observed that consent was gained. As reported consent was not always gained around mealtimes such as asking if they had finished before removing their plates even though there was still some food on them. Observations of consent included gaining permission to support someone with toileting and transferring them from wheelchair to chair. As previously reported consideration needs to be taken around the consent for medication management.

C02 **Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.**

Requires Improvement

What We Found

- Of the nine staff surveys received and whilst talking with staff it was not clear that although they were aware of MCA's they did not have a full understanding of how it is used in everyday work. Team Leaders spoken to were clear in their understanding with other care staff less so.

Personalised Care and Support

Care and Welfare of Service Users

Standard Rating

Requires Improvement

A04 **Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning.**

Good

What We Found

- There was evidence seen that where residents are able to and have the capacity to consent they have signed their care plans. Where they have not been able to do so there was evidence that families, LPA's or advocates have been requested to do this.

A05 **There is evidence that where a key worker system in in place that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system.**

Requires Improvement

What We Found

- During the assessment I was informed that the Key Worker system is going to be re-introduced as it has not been adhered to as required for some time. Staff were aware that this is in process of being re-introduced and staff appeared knowledgeable on the expectations of the key worker role.

A06 **There is evidence that SU's have been given information about how to make contact with the care provider.** ***Good***

What We Found

- Service users are able to speak with the care staff or management team at any time if they wish to. Information on the comments and complaints process is displayed in the reception area of the home

A07 **The care assessment has been conducted in a way to reflect the SU's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.** ***Good***

What We Found

- The three care plans viewed had been written in a way that reflected the level of support required. Needs and preferences were recorded particularly around dietary information and preferred times for getting up and going to bed each day. There was evidence that needs had been considered during the Covid-19 Pandemic in relation to maintaining contact with families and loved ones. Regular calls have been implemented and where possible Skype calls have been arranged along with visits to the dedicated visitors lodge. There was evidence of communication notes between the home and families in the care files with regards to visiting viewed.

A08 **There is evidence that the SU's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the SU remains safe, their needs are adequately met and their welfare is protected.** ***Good***

What We Found

- Within the care plans viewed there was evidence that external professionals such as SALT, Dietician, GP's and DN's had been contacted and involved with specific health needs. Recommendations were viewed such as the use of softened diet, use of prescribed equipment for safe moving and handling and medication management

A09 **Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the SU safe.** ***Good***

What We Found

- Each service user has a care plan file and a supplementary folder. There was evidence of the care files viewed that each care plan is reviewed monthly with any changes noted with a typed up to date up to date version in the file.

A10 **Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.** ***Good***

What We Found

- Each resident has a supplementary folder which is kept in their own rooms, this enables daily notes and any other charts to be completed in real time and not retrospectively. Evidence was seen of daily notes, reposition charts, food/fluid intake, bowel movement, daily oral care and Topical MAR Charts the majority of these had been completed with only a few gaps noted which was fed back to the manager at the time.

A11 **Evidence that the care planning and support is designed to maximise the SU's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.** ***Requires Improvement***

What We Found

- Although there was some evidence of ensuring people remain as independent as possible there was little evidence of goal setting and these being achieved. Due to individuals abilities or understanding these could be recognised as very low level goals however would record an achievement when reached. This was not however the case in the ABI unit as goal setting is an integral part of their therapy and recovery. Daily activities are scheduled for those at the ABI and are encouraged to attend all that is offered.

B07 **Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.**

Good

What We Found

- The service users spoken with were unable to confirm if they had been involved in their care planning setting however care plans demonstrated that service users were encouraged to be involved with their care, Preferences of likes and dislikes were also evident within the care plans viewed. ABI Unit- Service users are encouraged where possible to be involved in the planning of their care and goal setting, this is due to the nature of the unit as this is only short term for focussed rehabilitation in the hope that they are able to return home and continue their recovery journey. Although no evidence was seen of this the newly appointed unit manager talked through the process

B08 **If a key worker system is in place then service users are aware of who their named care worker is.**

Requires Improvement

What We Found

- The key worker system is currently being reintroduced in the home as it has been some time since this has been in place. This was evident when talking with service users as they were unaware what a key worker was.

B09 **Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the SU's independence and quality of life.**

Good

What We Found

- During observation it was noted that staff support service users to ensure their safety. Appropriate prescribed equipment was used as required and safely. Service users were encouraged and supported to walk with frames and walking sticks to maintain independence.

C03 **Staff understand and can explain the role of the keyworker if used in the service.**

Requires Improvement

What We Found

- On talking with a couple of staff they confirmed that the role of the Key Worker is being reintroduced as this has not been kept up with for at least the last few months. The care staff feel that this will help especially since the consolidation of the Maulden Unit onto the other two units.

Personalised Care and Support

Standard Rating

Good

Meeting Nutritional Needs

A12 **Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.**

Good

What We Found

- Nutritional care plans were viewed, these recorded and dietary needs and as recommended by Dieticians or SALT team. Service users were observed during lunchtime being provided with meals appropriate to their needs.

A13 **Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.**

Good

What We Found

- All three of the care plans viewed recorded that MUST scores have been recorded each month and audited by management. Actions required following results were noted.

A14 **If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.**

Good

What We Found

- As recorded earlier there was evidence that appropriate referrals had been made to professional services for nutritional support.

B10 **Service users confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.**

Good

What We Found

- Some of the service users spoken to shared that they didn't like some of the food offered while others were full of praise. One service user told me that they really enjoy the food and if they don't like what is offered they can ask for an alternative. The service users who said that they didn't like some of the food were not specific as to why they didn't like it. During observations it was noted that one service user was not eating any of the dinner they had chosen and therefore an alternative was offered.

B11 **Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.**

Requires Improvement

What We Found

- Staff were not always seen to offer choice during the lunchtime period. As reported elsewhere staff did not always offer options and assumed that custard was wanted with the sponge pudding and whether or not they wanted a cup of tea and cake later in the day as this was automatically put in front of them.

B12 **Discussion with service users and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote service users dignity and they have a choice about whether to eat alone or with company.**

Good

What We Found

- All service users are supported with all meals and snacks throughout the day. Due to Covid-19 snacks are no longer able to be left out for service users to help themselves to however drinks and snacks were offered in-between meal times. Some service users choose to sit in the lounge rather than the dining area while others choose to eat in their rooms, their preferences are catered for.

B13 **Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.**

Good

What We Found

- Staff were seen wearing appropriate PPE whilst supporting during the meal times.

Personalised Care and Support

Co-operating with other Providers

Standard Rating

Good

A15 **Where the responsibility for the service user's care and support is shared with other providers, the care and support plans should evidence this co-operation. Where a named service user is transferred to one or more services, records should reflect this appropriately.**

Good

What We Found

- Care plans viewed recorded the level of support provided by external health professionals such as District Nurses and Complex Care Team. Care notes recorded any recommendations made with care plans also updated to reflect this.

B14 **Where applicable there is evidence that staff support service users to access other social care or health services as and if required.**

Good

What We Found

- There was clear evidence in the care plans viewed that where necessary health professionals had been contacted and recorded in the professional notes. Care plans were updated to reflect guidance. There was evidence of good partnership working with the Clinical Lead however this may be affected as the current Clinical Lead has left the practice.

Safeguarding and Safety

Standard Rating

Good

Safeguarding People who use the Service from Abuse

A17 **Assessments, together with and care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the service user (where possible).**

Good

What We Found

- There was evidence that DoLs are applied for when appropriate. The manager maintains a log of when DoLs have been applied for and authorised.

B21 **Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.**

Good

What We Found

- Observations carried out during my visits confirmed that service users are safe within their environment. Staff were observed encouraging individuals who were putting themselves at risk to move away from the risk and do something else. An example of this being a potential conflict between two service users as one of them continuously opened windows in one of the lounges while another did not wish for this to happen. A carer saw that this situation had the potential to escalate so encouraged the service user to walk with them to the dining area where they told them they could 'help' them. Safeguarding alerts were viewed, there was evidence that any recommendations made had been incorporated into the care plan.

C04 **Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.**

Requires Improvement

What We Found

- Although most staff who were spoken with were aware of safeguarding and whistleblowing I was not confident that they would be comfortable to report under whistleblowing outside of the organisation. A lot of work has been addressed by the manager I feel further guidance is required in this area.

C05 **Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLs.**

Good

What We Found

- Staff confirmed that they have attended training in safeguarding, MCA and DoLS

E08 **Appropriate safeguarding Information is on display in the Home.** ***Good***

What We Found

- Appropriate safeguarding information was viewed throughout the home, this contained the contact details for the local safeguarding team.

F12 **Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.** ***Good***

What We Found

- A safeguarding file was viewed, this contained a front sheet where all safeguarding's raised are recorded, this includes the unit where the incident happened, date, residents name, actions taken and outcomes. Alerts are filed in month order, a copy of the referral were viewed along with communications from the Local Authority Safeguarding team including the SV2. Investigation reports, actions and outcomes signed and dated by the manager are also filed in this section. A copy of the Local Authority Safeguarding Policy and information on consent to treatment, DoLS, MCA Capacity Test, Safeguarding and IMCA are filed for reference.

Safeguarding and Safety

Standard Rating
Good

Cleanliness and Infection Control

B15 **Staff are observed to follow good practice in relation to cleanliness & infection control.** ***Good***

What We Found

- All staff were observed wearing and disposing of PPE appropriately They were also observed wiping down surfaces including the dining areas. Domestic staff were observed following their cleaning regime in both communal areas and individuals rooms. Signage was displayed when cleaning was being undertaken in the bathrooms etc.

C06 **Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.** ***Good***

What We Found

- Staff confirmed that they have completed training in infection control, this was also confirmed on the surveys received.

E01 **Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.** ***Good***

What We Found

- There was evidence that the manager and maintenance team carry out regular audits in relation to health and safety. These audits have be amended to include further infection control measures due to the current Covid-19 pandemic.

E02 There is sufficient information provided to service users, staff and visitors about infection prevention and control matters.

Good

What We Found

- Due to this assessment being carried out during the Covid pandemic infection control was paramount. The home were following all expectations from arrival to departure. On arriving all visitors were expected to complete a LFT (Lateral Flow Test) as well as taking their temperature and completing a questionnaire. Staff were on hand to support with this if necessary. PPE which included, masks gloves and aprons were available at several locations throughout the home as well as antibacterial gel. Signage was located in many areas of the home regarding infection control. Some residents were being barrier nursed in their rooms, either following hospital discharge or due to illness. Clear signage was present outside of these rooms along with individual PPE stations. Disposal of PPE was maintained with yellow bins around the home. Previously the home had experienced a Covid outbreak as part of the local authorities process a MDT meeting was arranged with the home, Care Standards, Public Health and an Infection Control Nurse. It was founded at this time that the home were following all expected IPC guidance.

Safeguarding and Safety

Standard Rating

Good

Management of Medicines

B16 Staff are observed to handle medicines safely, securely and appropriately.

Good

What We Found

- All of Standard 8 was completed in conjunction with a BLMK Pharmacy Technician and agreed by Care Standards No medication round was observed. A medication policy is in place covering all aspects involved with handling and administering medication. Policies are included for Homely Remedies and Covert Administration which have been produced by Bedfordshire, Luton and Milton Keynes CCG. The local CCG policy for homely remedies states that it is not necessary for a Care Home to write to each resident's GP for homely remedies to be approved, provided only the CCG list of products is stocked.

B17 Service users confirm that they are involved in decisions regarding their medication.

Requires Improvement

What We Found

- All of Standard 8 was completed in conjunction with a BLMK Pharmacy Technician and agreed by Care Standards On talking with some of the service users they all confirmed that they are supported by staff with all of their medication and are happy for this to happen. One service user was able to tell me that they are prescribed paracetamol for pain and although they are offered this by staff they know that they can ask for them if they are experiencing any pain. Documentation present to suggest those with capacity have had the opportunity to talk about their medications and preferences. Pain care plan present – documents the pain the service user may experience and the medication they are on to treat it (or signposted to homely remedies if appropriate) Service users with Parkinson's had a specialist care plan regarding the implications of the condition however advice was given on the importance of receiving the medication at the correct time due to the impact of the service user this was fed back to senior carer on the unit.

C07 Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

Good

What We Found

- All of Standard 8 was completed in conjunction with a BLMK Pharmacy Technician and agreed by Care Standards matrix and certificates for medicines administration training, competency assessments and supervisions are stored in folders and by the carers themselves. The staff are regularly reviewed and observed whilst handling medication and are expected to keep up to date with the training provided by the home and the pharmacy that provides their medication. Staff spoken to demonstrate a good understanding of medication administration and handling processes.

E03 Medicines are stored and administered safely including any homely remedies and covert medication.

Good

What We Found

- All of Standard 8 was completed in conjunction with a BLMK Pharmacy Technician and agreed by Care Standards Medication is stored in a locked medication room on each unit. The medication rooms were very tidy and organised with locked cupboards. The temperature was cool and they recorded the temperature and the fridge temperature daily. Documentation to evidence this was provided. Staff reported there are no issues with the equipment they have (trolleys, fridge) and they are happy with their use. On inspection, they were safe and fit for purpose. Separate cupboard for warfarin/anticoagulants and all paperwork/anticoagulant records

stored in individual service users baskets. Controlled drugs are kept in a locked cabinet within a locked cupboard in the medication room. A CD register is in place with two signatures for each entry. Medication quantities are signed in upon receipt and any stock carried forward from one cycle to the next is recorded on the MAR. Stock levels are checked prior to ordering monthly medication, no evidence of overstock seen. Expiry dates of all non-blistered items and CD's are checked regularly. Homely remedy medications are stored in a separate cupboard which was easy to locate, stock balance sheets had been completed. Good PRN protocols are in place for medication prescribed with a when required dose. They contain information about when to give and how this is identified. They were kept in the care plans.

F01 **Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.**

Good

What We Found

- All of Standard 8 was completed in conjunction with a BLMK Pharmacy Technician and agreed by Care Standards Care plans include service user's photo, date of birth, GP, diagnoses, allergies, important information e.g. on warfarin and staff information e.g. to look out for bleeding/bruising. MARs are clearly printed and contain all information included on the dispensing label and the route of administration. No gaps were seen. MAR codes are used appropriately however they are trying to improve how they document PRN medications as not all staff are following the same protocol. Administration of PRN medication is recorded on the front and back of the MAR with the outcome noted. MARs are audited for gaps, medication checked and stock quantities checked on a daily basis and a record is kept. CD expiry dates and quantities are audited daily and clearly documented in the CD register.

A16 **Care & support plans document that service users have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.**

Good

What We Found

- All of Standard 8 was completed in conjunction with a BLMK Pharmacy Technician and agreed by Care Standards Medication section in the care plans includes previous medical history/diagnoses, allergy information and the support the service user requires from staff with their medication. Other relevant information such as taking warfarin or using insulin for diabetes is also noted. This section is signed and dated when set up by the staff member, there is provision for the service user to sign and date but only one of the service users had done so. This information is reviewed monthly and clearly documented. Good information is available in the care plans regarding service user's health and the support they require, however there is a need to ensure that service user's consent is recorded. No service users are having medication administered covertly at present at the ABI unit. One care plan for a resident receiving covert medication was reviewed at Manton Heights. All paperwork was present and there had been a clear plan with regards to making the best interest decision for the resident. – last reviewed January and documented that another review was due 08-04-21. All relevant paperwork present, best interest decision etc. in depth and detailed covert medication flow charts in care plan.

Safeguarding and Safety

Standard Rating

Good

Safety and Suitability of Premises

E04 **The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.**

Good

What We Found

- The home layout allows for all service users and staff to remain safe. Maulden unit has recently been closed for refurbishment as it was felt that it was dated and not fit for purpose. During observations there were no areas of concern identified. Keypads are located in all areas leading from the main reception and in between each unit, this ensures that those at risk including those living with dementia remain in a safe environment. During the night the main doors are locked and an outside bell will be rung to get the attention of staff.

E05 **The use of the premises ensures that service users with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.**

Good

What We Found

- Service users with specific needs are prescribed appropriate equipment and adaptations where required. The use of hoists, profiling beds and pressure relieving equipment are used where required. Risk assessments are in place for these individual service users

E06 There are appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises.

Good

What We Found

- All visitors to the home are required to sign in and out at reception. Any visitors are unable to access the rest of the home unless accompanied by staff members. Each unit has a keypad entry to gain access. All external doors have alarms that sound when opened and windows at all levels are fitted with restrictors to ensure safety.

Safeguarding and Safety

Safety, Availability and Suitability of Equipment

Standard Rating

Good

C08 Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

Good

What We Found

- All staff spoken to and surveys received confirmed that appropriate training had been undertaken in moving and handling including the use of equipment.

E07 Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

Good

What We Found

- Equipment viewed was in good working order and appeared fit for purpose. Staff were observed cleaning it after each use. Of the slings seen they were in good order with no signs of fraying. Bath hoists and toileting aids in the bathrooms are in good clean order. Records are kept when all equipment has been serviced.

Suitability of Staffing

Requirements Relating to Staff Recruitment

Standard Rating

Good

D01 Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Good

What We Found

- Four staff files were viewed during the visit, these were for a range of newly recruited, night Team Leader and long standing member of staff. Each file viewed evidenced that an appropriate recruitment process had been followed as required. The files contained an application form, these identified referees. It was noted that these referees had been sought by the employer and verified. It was noted that in one of the files references had not been received from the two most recent employers this was discussed during the visit. The two most recent employers had failed to respond. A recommendation would be to ensure that this is recorded within the recruitment file. Other evidence held included DBS disclosure numbers and ID. Examples of ID included Passport, Driving Licence, Utility Bills and Right to Remain documentation. It was noted that individuals had not commenced work until all the checks had been received and verified. A copy of their contract stated their start date. The recruitment files also contained information of the induction process, this is completed over a five day period and is signed off at each stage. Certification was also present to confirm the training had taken place.

D02 Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

Good

What We Found

- An agency staff file was viewed, this contained details of all agency staff who have worked at Manton Heights. The file is split up into each individual agency that

staff are provided from as a quick reference. The file contained a profile for each worker, this recorded their address, NI number, NMC pin if applicable, DBS number and issue date and proof of ID and Right to Work The profiles also recorded training completed and the date along with the individuals experience in care. Agency staff are also required to complete the RCH checklist, evidence of this was seen. .

D03 **Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.** — *Good*

What We Found

- For those that provide additional services such as hairdressing or chiropody they are required to confirm that they have a current DBS certificate.

D04 **The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.** — *Good*

What We Found

- Job descriptions are available for all posts within the home, these were viewed in the recruitment files viewed. These had been signed by the employees along with their contracts which records terms and conditions.

Suitability of Staffing

Staffing and Staff Deployment

Standard Rating
Requires Improvement

B18 **Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs.** — *Requires Improvement*

What We Found

- As part of observations it was noted that more staff would be beneficial around peak times. This was evident during lunchtime . The manager is aware of this and is utilising the activities staff however it was noted that even with this added support the mealtime appeared chaotic. Staff were observed moving between the dining room and individuals rooms to support with feeding. Discussions were being had between staff around whether some individuals required a softened or pureed meal, this was discussed in front of those seated in the dining area. It appeared that not all staff were aware of the needs of the service users they were supporting.

C09 **Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).** — *Requires Improvement*

What We Found

- Staff spoken to and those that had completed the survey confirmed that they felt there were not enough staff on occasions especially when someone phones in sick. It was reported that where possible agency staff will fill the voids however this is not always the case and they often have to run the shift on reduced numbers.

F02 **Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.** — *Good*

What We Found

- Rota's were viewed during the assessment, these showed that all shifts are adequately covered by appropriate staff. Agency staff continue to be used however they are trying to reduce the amount by continuously advertising and recruiting into vacant posts. Of the agency staff that are used the majority of them are consistent to Manton Heights and therefore know the service users needs well.

F03 **The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).**

Good

What We Found

- Manton Heights do not have bank staff however they are signed up with several agencies who can provide staff during expected or unexpected changes. Wherever possible consistent agency staff are requested. If needed the manager and deputy manager can also support with care delivery when required.

Suitability of Staffing

Standard Rating

Good

Staff Support

C10 **Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.**

Good

What We Found

- Staff confirmed they had received an induction prior to commencing employment. From the surveys there was a slight discrepancy of the timescale of the induction ranging from 2-5 days.

C11 **Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.**

Requires Improvement

What We Found

- Of the information received there was a clear discrepancy as to whether or not staff are receiving regular supervision. Some reported that they hadn't had any while others reported they received this on a monthly basis. This information was not in line with the information seen relating to the supervision matrix received. Most staff spoken to shared that they had not received an annual appraisal.

C12 **Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.**

Good

What We Found

- Staff confirmed that they receive regular training which is relevant to their post.

C13 **Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.**

Good

What We Found

- One agency staff member was spoken to who confirmed that on their first shift they were shown around the home and the unit they were assigned to. There is evidence of an induction check list.

C14 **Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.**

Good

What We Found

- Care workers spoken to were aware of the process to report bullying or harassment but had not had to do this.

D05 **The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.**

Good

What We Found

- There was evidence seen that all new employees are required to complete an induction prior to commencing employment. All those new to care are required to complete the Care Certificate, again evidence of this was seen.

D06 **The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.**

Requires Improvement

What We Found

- The current manager has implemented a supervision matrix as it has been noted that supervisions had not been in line with the policy. There was evidence that regular supervisions are now taking place. The same can be said for Annual Appraisals and this is something the manager is now focussing on.

D07 **The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.**

Good

What We Found

- The training matrix was provided by the manager, overall the compliance stands at just over 92% on all mandatory training. The training provided is in line with the job expectations. The home have recently had the Dementia Tour taking place, this has been very well received and thought provoking for the staff team.

Quality of Management

Assessing and Monitoring the Quality of Service Provision

Standard Rating

Good

C15 **Care workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.**

Good

What We Found

- Staff spoken with shared that they would raise concerns with seniors or management. This was also confirmed in the surveys received. None of those spoken with or the surveys had found them themselves in this position.

F04 **Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.**

Good

What We Found

- The provider has recently sent out their quality satisfaction surveys to the residents and their families/advocates. They are waiting on the return of these which will then be processed with feedback and outcomes provided. Regular audits are being completed by the manager where actions to be taken are clearly identified along with timescales. The same for any complaints that are made, there was evidence of outcomes, actions and lessons learnt as a result.

F05 **The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.**

Good

What We Found

- The manager of the home has adopted an open door policy and encourages anyone with any concerns to speak direct with her. Whistleblowing posters are located around the home, along with information around whistleblowing included in the staff files as part of induction. The complaints policy was viewed, this clearly identifies how to make a complaint and the response process. Stakeholder minutes were viewed of recent meetings, these are being held remotely due to Covid. It was noted in these that where residents/families had raised concerns actions had been identified with explanation as to what would or had been done in order to resolve them. QA surveys have recently been sent to relatives, the home are awaiting the return of these.

Quality of Management

Standard Rating

Good

Using Information and Dealing with Complaints

B19 **Service users spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO.**

Good

What We Found

- Service users spoken to on the days of the assessment were informed me that they would complain to the manager however none of them were aware of being able to complain to the Local Authority if needed. Within their complaints policy there is evidence of Local Authorities contact details.

B20 **Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.**

Good

What We Found

- Some of the service users spoken to shared that they had never had to make a complaint, one shared that if they have any 'niggles' they will speak to staff and let them know.

C16 **Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.**

Good

What We Found

- Staff reported that they would report concerns. It was noted that there was a discrepancy in reporting how frequent team meetings were. This ranged from every day to once a month. This could be dependent on roles and responsibilities within the unit.

F06 **There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.**

Good

What We Found

- The comments/complaints file was viewed during the visit. A log sheet records date received, whether compliment or complaint, area of concern, resolved at local level or formal, themes and trends, initial response and follow up. The trends showed that communication had been raised as an issue there was evidence that this has been addressed. There has been some very positive, heartfelt feedback from relatives who's loved ones have sadly passed away. This feedback reflected that their loved ones had received very good care from the care staff which was very much appreciated. There was also copies of newsletters that have been shared with residents and their families. These shared good news, along with photos of activities as well as planned changes and further activities.

F07 **There is evidence that the provider has a range of regular, organised meetings where service users, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.**

Good

What We Found

- Evidence of regular meetings taking place were viewed. Meetings being held included staff meetings, senior staff and relative/stakeholder meetings. Regular daily 'flash' meeting are also held, this is attended by Management, seniors from each unit, along with the domestic and catering team. Minutes from each meeting were

viewed along with feedback and actions to be taken.

F08 **There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.** — *Good*

What We Found

- The home does not share all complaints with the Local Authority but would contact Safeguarding if they felt the complaint was a possible safeguard.

Quality of Management

Standard Rating
Requires Improvement

Records

F09 **Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.** — *Good*

What We Found

- Personal records for all service users are stored in cabinets on each unit. All care records viewed were fit for purpose and contained relevant information.

F10 **The manager maintains a log to evidence the applications made for authorisation under DoLs, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.** — *Good*

What We Found

- The manager maintains a DoLS file which was viewed on the day. The file contained a front page which recorded assessment date/ Capacity, Best Interest considered, Date DoLS applied for, authorised, expiry date, conditions attached and CQC notifications. Each application was filed dependent on which unit the individuals resided in. The manager maintains a log of when applications need to be submitted. The DoLS file has recently been archived and only up to date paperwork was viewed from January 2021.

F11 **Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.** — *Requires Improvement*

What We Found

- Several audits are carried out, some of these daily, some weekly and some monthly. Examples of audits viewed included managers audit of the dining experience, daily gap/meds audit, daily walkarounds and maintenance checks. Monthly care plan audits were also viewed of the care files seen. There was evidence of actions identified however it was noted that during one of the mealtime walkarounds (Maulden) the manager had noted several areas that needed addressing however there was no evidence of this being followed up. This was discussed on the day. As a company there is a robust process in place where all outcomes from audits are overseen by their quality team.