

The Manse Care Limited

# The Manse Care

## 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

### About the service

The Manse provides residential and nursing care for up to 44 people. Bedrooms are located on the first and ground floors and all have ensuite facilities of a toilet and washbasin. Lounges and dining rooms are on the ground floor. The home is close to the centre of Kirkham with easy access to shops and local amenities. There are small gardens to the front and sides of the home, with patios and seating areas, accessible via ramps. At the time of our inspection, 38 people were living at the home.

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

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. We have made a recommendation about recording assessments of peoples' capacity.

Staff managed people's medicines well and kept the home clean and tidy. Staff managed risks well and had plans to follow in case of emergencies. The service had systems to protect people from the risk of abuse and improper treatment. Staff were recruited safely and there were enough staff on duty to meet people's needs.

The service met people's nutritional needs and worked with them to make sure food provision reflected their preferences. Staff supported people with their healthcare needs and worked well with external healthcare professionals. People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively, following good practice guidance. The provider had made improvements to the premises, in consultation with people who used the service, and continued with their plan of refurbishment.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion. The service promoted and staff encouraged people to maintain their independence.

The service put people at the heart of the care they received. Staff used detailed assessments to identify people's needs and preferences and worked to ensure people were happy with the care they received. The service made sure people were supported to communicate and planned a variety of activities to enhance people's wellbeing.

The provider and manager had fostered a culture that was open and inclusive, and put people at the centre of the care they received. Staff understood their roles and responsibilities and worked well with external agencies to meet people's needs. The provider monitored the quality of the service using a range of systems.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for the service under the previous provider was good, published on 19 February 2021.

### Why we inspected

The service was registered under a new provider on 4 March 2022. We carried out this inspection to assess the quality of the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# The Manse Care

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector and 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.

#### Service and service type

The Manse is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post who intended to apply to register.

#### Notice of inspection

This inspection was unannounced on the first day.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection, we spoke with 6 people who used the service individually and 6 people in a group over lunch. We also spoke with 2 people's relatives on site and gained feedback from 2 relatives via email. We spoke with 7 staff, including the manager, nurses, carer staff and kitchen staff. We also gained feedback from two staff via email. Following the inspection visit, we gained feedback from 3 external professionals about their experience of working with service.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 5 people's care documentation and multiple medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, staff training data and quality assurance systems.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt the service was safe. Comments we received included, "I do feel safe, they are nice people." And, "Yes, very safe. If we had any worries [family member] would be out."
- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.

Assessing risk, safety monitoring and management

- Staff managed risks to people's safety. They assessed and regularly reviewed risks to people, to manage any identified risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans. In some cases, staff knew more about people than was included in care plans. The manager addressed this during the inspection and explained this was an area they were working on to further improve the safety of the service.
- The provider used external contractors to assess risks related to fire safety, the premises and equipment. This helped to ensure these risks were thoroughly assessed and managed. The manager ensured equipment was inspected and serviced when it needed to be and had plans to keep people safe in the event of an emergency.

Staffing and recruitment

- The provider took a systematic approach to ensure staffing levels met people's needs safely. The manager used information about people and their needs to determine how many staff were required to be on duty at any time. Comments we received from people and their relatives about staffing included, "Yes, I think there are [enough staff]." And, "Occasionally they are short staffed and they bring in agency staff." The provider had set up an in-house carer agency and had bank nurses who knew the home well in order to provide consistency of care in an emergency.
- Staff were recruited safely. The manager followed robust processes to ensure only suitable staff were employed to work at the service. This included criminal records checks and references from previous employers.

Using medicines safely

- Medicines were managed safely and properly. Staff received training and their competency to administer medicines had been assessed. Records we reviewed were up to date and accurate, and medicines had been dated on opening.

- Where people required their medicines covertly (hidden in food or drink), or where people were prescribed medicines for use 'when required', written instructions were provided to guide staff on their safe use.
- The service supported people to manage their own medicines, if they wanted to and were able to. Staff carried out risk assessments and closely monitored to make this as safe as possible.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider facilitated safe visiting, in line with government guidance. People were able to receive visitors in their bedrooms and the communal areas.

#### Learning lessons when things go wrong

- Accidents and incidents were used as a learning opportunity. Staff recorded accidents and incidents which were reviewed by the manager. The manager utilised CCTV footage as well as individual and collective discussions and reflections with staff and, where possible, people involved in the incident to analyse the incident and to look for any learning. This helped to reduce the risk of similar occurrences. Any resulting actions or information was shared with the staff team at handover and staff meetings, to improve safety.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager sought legal authorisation where people were subject to any restrictions for their safety. Where DoLS authorisations were granted, we saw the service ensured any conditions were met.
- Staff assessed people's capacity to consent to and make decisions about their care. Where people lacked capacity, staff followed the MCA code of practice to ensure any decisions made on their behalf were in their best interests. Staff continued to offer people as much choice and control as possible over their care. However, assessments of capacity varied in quality. Some were very detailed, whereas others recorded minimal information.

We recommend the provider reviews their processes around recording mental capacity assessments and adjusts their practice accordingly.

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

- Staff assessed people's needs regularly and involved them, or others acting on their behalf, in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person, those that knew them well and professionals involved in their care to create written plans of care for staff to follow. Staff knew people's individual needs and preferences well

which helped them provide effective care.

- The manager and nurses used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. Comments from staff included, "I receive the training and support that I need to do my job in order to perform well." And, "There are almost 30 courses on e-learning and I've done a few of my own online. [Manager] supports us with Continuing Professional Development [required to maintain nursing registration]. The new bosses have stated supporting us. We get paid for going to training."
- People who lived at the home and their relatives all gave us positive feedback about how permanent staff supported people. Feedback about agency staff was less positive. Comments included, "I am satisfied with everything they do for me." And, "I think they are [well trained]. The quality of the agency staff can vary." Another person said, "Yes they are well trained but one or two of the agency ones don't know what to do."
- Staff were well supported by senior staff and the manager. Staff told us they felt well supported by the manager. They were supported through day to day contact, regular supervision and appraisals of their performance. Staff had opportunity to discuss any concerns, issues, work performance and development with the manager. Comments from staff included, "We have regular supervision and appraisals. I was always asked and encouraged to say if something is wrong and come if I have any struggles to senior carers or my manager. I always feel supported, and I know I can speak with people if I need to." And, "Yes my manager is very supportive and always available whenever we need help." Another staff member told us, "I regularly have meetings with my manager on what I am doing well and what I can be improving and where. These are helpful and a good insight to how I am doing when I am new to the role and also new to the care sector."

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

- Staff supported people to ensure they received a balanced diet and sufficient fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. We saw professional guidance was used in care planning to help ensure people's nutritional needs were met effectively.
- The mealtime experience was pleasant, and people's individual needs were met. The atmosphere was very relaxed, staff were always encouraging and polite, and nobody was rushed. We saw people were well supported by staff when needed. The food looked and smelled appetising.
- The chef prepared meals from fresh ingredients each day. They ensured food was prepared which met people's needs, for example if they required a soft diet or low sugar foods. We spoke with two chefs who were both very knowledgeable about people, their needs and their preferences.
- We received positive feedback about the meals provided and people told us their individual needs and preferences were met. One person told us, "The food is very good. The chef knows that I can't swallow well and makes sure my food is prepared well. The chef has come and asked me what I like. I have sent a message to the chef telling him that I enjoy the food." Another person told us, "I think they are nice. They will give you something else if you don't like what is on the menu." A relative told us, "Mum is difficult as she has to have her food thickened – but she does enjoy it."

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

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. We saw the service worked closely with services such as people's GPs and specialists. Staff incorporated professional guidance into people's care plans. An external professional told us, "From my

experience they are responsive and able to support us to facilitate effective, safe, timely hospital discharges. They communicate well with ourselves. They work collaboratively with our social care staff and the integrated hospital colleagues at large."

- The service supported people to live healthier lives. Staff supported people to access healthcare services and provided information, for example around healthier choices for people who were living with diabetes.

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

- The service was designed to be safe, accessible, comfortable and homely. Corridors were wide enough to accommodate people who used a wheelchair and lift access was available to the upper floor.
- The provider had refurbished parts of the home including bedrooms, the lounge and dining areas. People were consulted around décor. One person told us, "I quite like it [bedroom]. I had it decorated like this. It is cleaned every day." Communal areas provided space for people to relax and were homely in character. The provider continued with an ongoing plan of refurbishment and ensured the premises were maintained.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 were treated with respect, compassion and kindness by staff. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences. We received positive comments from people who lived at the home and their relatives about the approach of the staff team. One told us, "Yes, they are [caring]. They come into my room at night to check that I am alright." Another said, "Yes, they are very caring." One person's relative told us, "[Family member] says the staff are wonderful, they do anything you ask of them, nothing is too much trouble. They are friendly, helpful and talk to him, always asking how he is and have time for a bit of banter, which he enjoys."

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

- Staff involved people, as far as possible, in decisions about their care and how the service was run and invited people to share their views. Where people were unable to express their views, staff involved people who knew them well and other professionals, to ensure decisions were made in their best interests.
- Staff reviewed people's care needs and preferences with them on a monthly basis. As well as making sure risk assessments and care plans were up to date, staff spent time with the person discussing things like their bedrooms, furniture and activities. The chef visited each person to discuss meal provision and what they would like to see on the menu.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and offered compassionate support. One person told us, "I have to have a bed bath and the first thing they do is cover me with a towel." It was clear staff knew people well and were patient and compassionate when helping people.
- Staff respected people's privacy. People shared communal areas in their home but also had private bedrooms. We observed staff knocked on people's doors and identified themselves before entering.
- The service protected people's private information. Information was stored securely and was not left visible, for example on desks or noticeboards.
- Staff promoted people's independence as far as possible. Staff supported people to make choices and to do what they could for themselves. For example, prompting people to support them with personal care or eating, rather than taking over and doing the task for them. One person said, "They encourage you to do things and then they will leave you to it."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff involved people and, where appropriate, others acting on their behalf, in regular reviews to ensure planned care continued to meet their needs. One person told us, "Yes I do know [about my care plan]." Another said, "I know there is one, but I don't bother about it." A relative told us, "They are always asking him if everything is OK, and believe me, if it wasn't he'd tell them!" Another relative said, "The directors [names removed] are at The Manse most days and will make time to chat to dad, checking his welfare and showing genuine interest."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Staff described how they supported people to communicate. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital.

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

- People were provided with and supported to participate in activities to help maintain their social health. The service employed an activities coordinator who supported people with activities in the home, such as games, quizzes, arts and crafts and reminiscence. One person told us, "There is an activities lady, you can ask her anything. She will take me to the shop and do exercises – I like the exercises. If I don't want to join in I don't, they coax they don't push."

- Activities were discussed with people and the activity coordinator was planning activities in line with their feedback. The service had signed up to an on-demand wellbeing and activities platform that gave care home residents and staff access to specialist activity programmes, wellbeing programmes and content 24-7. The activity coordinator told us, "I always prepare weekly activity planner so everyone can see what is going

on in the home. I do group activities, but I do activities 1-on-1 in people's rooms if they do not feel like socialising. For people who do not have capacity and are non-verbal I just spend time with them. Chatting to them and making sure they are comfortable and happy."

- People were supported to maintain relationships with those close to them. People told us they were welcome to have visitors whenever they liked. One person told us, "They can visit whenever they want." Another said, "My daughter comes a few times a week. A relative told us, "We haven't been allowed to come during covid or when there are bugs going round. We always ring and let them know we are coming, even though we don't need to."

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received one complaint in the last 12 months, which was responded to appropriately. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.

- People, their relatives and staff all told us they would have no hesitation in speaking up if they had a concern or complaint and were confident any issues would be resolved. One person told us, "I have had nothing to complain about. I can talk to the manager about anything – I call him by his first name. He would sort things out straight away." A relative told us, "He knows that [name] is the manager and can raise any complaints or issues with him at any time, but says any of the staff will sort any problems out if he lets them know."

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was supporting one person at the end of their life. The manager ensured all relevant support was available to ensure people received the necessary support to remain in their own home. Staff had received training to care for people at the end of their life.

- The service followed best practice guidance in relation to planning end of life care. The manager had recorded people's end of life decisions and had links with appropriate external professionals. People's preferences and spiritual needs were recorded.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- The provider and manager had created a culture that was open, inclusive and put people at the centre of the care and support they received. We received positive feedback about the service people received and everyone we spoke with said they would recommend the service. Comments included, "I think this place is fantastic – you won't find better" and "The standard of care is exceptional, meeting my father's needs and he has no complaints."
- Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. People and their relatives were involved in regular reviews to ensure the care delivered continued to meet their needs. A staff member told us, "It's about seeing everyone as an individual. What works for one, doesn't work for all - a person-centred approach. You can't make assumptions, and must respect people's individuality. Remember they are a person, a human being, you need to see them and be respectful to them and offer them choice."

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

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The manager knew how to share information with relevant parties, when necessary.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager understood their legal obligations, including conditions of their CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability. A nurse told us, "The staff are brilliant, they put effort into everything they do. They are our right hand and our eyes as well. They are good at telling us if there is anything we need to know. We get along well and I trust them. I am very proud of working here."
- The manager and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff were enthusiastic about making a difference for people and had a clear understanding of their roles. Staff described good teamwork and morale and told us they were well supported by the manager and provider. One staff member told us, "I think everyone who works here put residents first. Any issues are always passed to seniors, nurses and the manager. Everyone tries their best to give the best care"

possible and to make everyone comfortable."

- The manager used a variety of methods to assess, monitor and improve the quality of the service provided. We saw they used audits, along with feedback from people and staff to identify areas for improvement. We saw action was taken to make improvements when audits identified shortfalls and when people and staff made suggestions.

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

- The service engaged with people who used the service, relatives and staff via face to face meetings and surveys.

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.