



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# Inspection Report on

**The Manse**

**Lower Freystrop**

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## **Description of the service**

The Manse is registered to provide care and accommodation to up to four adults with a diagnosis of autism.

At the time of the inspection there were four people living at The Manse which is a detached property located a few miles from the town of Haverfordwest. The home comprises four bedrooms, three of which are ensuite; a bathroom; lounge; kitchen; laundry room and small office.

The service was registered in 2016 and is part of the Pembrokeshire Resource Centre Ltd. Mark Nicholas is the registered manager with overall day to day responsibility for the management of the home and he is supported by a team of care staff as well as managers who are mainly based at Bangeston Hall.

## **Summary of our findings**

### **1. Overall assessment**

People living at The Manse receive good quality care and support from a motivated and well led team of staff who value their work and the opportunity to make a difference to people; and who feel part of a strong staff team. People live in an environment that is clean, comfortable and well maintained.

There is an emphasis on quality and there are robust governance arrangements in place to monitor the quality of the service and also meets the requirements set out by the National Autistic Society.

People are encouraged to participate in a range of activities which are important to them and these include activities at the nearby Bangeston Hall as well as spending time in the local community.

### **2. Improvements**

The previous inspection, on 3 May 2016, identified there were no areas of non compliance.

However, following that inspection, we notified the provider that they were not fully compliant in relation to the following:

- a) Regulation 19 as we were unable to find photographic identification of all staff. During this inspection we found evidence of photographic identification within the files we looked at.
- b) Regulation 19 as there were some gaps in staff employment histories. During this inspection, we found full employment histories in the staff files we looked at.

### **3. Requirements and recommendations**

Section five of this report sets out the actions service providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home.

Recommendations are made in relation to the following:

- 1) The provider ensures that monthly progress reports contain all relevant information to ensure the reports contribute, in a meaningful way, to people's ongoing care and support. To ensure the monthly reports demonstrate any changes to people's care and support needs and capture any improvements or deterioration in their health.
- 2) Supervision records are available for staff to refer to as required.

# 1. Well-being

## Summary

People are able to choose how they spend their time, and staff make every effort to ensure that people's choices are safely met.

## Our findings

People's potential is maximised. This is because we saw that care plans contained information about activities that were important to people and noted that staff ensured such activities were incorporated into care plans. For example, one person was noted to like shopping and watching films, and we were told they went shopping and to the cinema on a regular basis. Another person liked going to the local trampoline park and on the day of the inspection we noted they were looking forward to a full day out comprising of time at Bangeston Hall; then out to lunch and then to the trampoline centre. Another person enjoyed swimming and visiting a local farm and a relative confirmed the person was assisted to participate in such activities.

We were told activities were rarely cancelled due to staffing shortages, and that rotas were constructed based on people's activity plans. A relative was particularly appreciative of the impact the service has had on a person's well-being, saying how the person had "*come on in leaps and bounds*" and describing how the person had made significant improvements in respect of their personal care and ability to use a knife and fork and staff corroborated this when talking enthusiastically about the progress that people had made. These all showed that people can generally do things that matter to them.

Staff are able to communicate with people. We saw that most people were able to communicate verbally, whilst one had limited verbal communication. However staff and a relative confirmed that the person's verbal communication skills were increasing and the relative was delighted when staff assisted the person to wish them a happy birthday which was a mile stone as it was the first time for this to happen. We saw one person being gently reminded about personal boundaries to ensure their dignity whilst in the community. From our observations, it was apparent that staff had developed a good understanding of people and the ways they could most effectively communicate with them.

People can be confident they are cared for by staff who have a good understanding of their responsibilities in respect of the protection of vulnerable adults. We asked staff what action they would take if they suspected that a person was at risk, or was being abused and they all said they felt confident to raise any concerns they had about a person's safety or welfare.

We saw that there was free access to the garden which was secured by a fence. One person had the added support from an independent advocate who described staff as being "*skilled at motivating X*" and went on to say that staff were approachable and would always try and sort things out if they raised a query. We noted that care plans contain the staffing requirements to maintain people's safety when they are within the home, as well as in the local community. We are satisfied that people's rights are maintained and the measures put in place to maximise people's safety is proportionate.

## 2. Care and Support

### Summary

People are cared for by a motivated team of staff who are well led by a manager who has a good understanding of people's needs.

### Our findings

People can be confident they receive proactive and preventative care, and that their range of care needs are anticipated. This is because quarterly care review meetings taking place where each aspect of the person's physical; social and psychological needs are discussed. In addition, staff prepared monthly reports which were detailed but one we looked at had been simply copied from the previous month. We discussed this with the manager who agreed it was not an accurate reflection of the person as their needs had changed slightly. It also indicated that the governance and checking arrangements lacked a degree of rigor as this had not been picked up previously. The manager agreed to address this with staff to ensure that reports were accurate and meaningful.

People are supported to remain as healthy as they can be. This is because staff told us that people are able to see a local dentist as required. A relative was particularly appreciative as staff had been able to assist one person to attend for dental appointments for the first time in a long period of time. Staff described the support they received from a local optician as "*brilliant*" and talked about how the optician took time and was patient with people. Some people had regular appointments with a psychiatrist to monitor their mental health and review medication if required and we were told that people can rely on a good response from the local GP to ensure people's physical health needs are met in a timely way.

We were told that restraint was used very infrequently. One member of staff said they may occasionally use a "*one person escort*" technique to distract a person and to, where possible, diffuse any challenging behaviour. We did not see any records to indicate that restraint had been used in the last month and we observed staff interacting with people in a relaxed; calm and patient way.

These demonstrate that people can be confident they receive appropriate care and support to meet their needs.

People feel they matter because staff show due regard for their privacy and dignity. We observed staff interacting with people in a relaxed and friendly way. Most people were able to meet their personal hygiene needs either independently or with encouragement from staff, and staff were able to articulate the practical steps they took to ensure people's privacy and dignity if they required any such assistance. None of the bedrooms doors had locks due to the nature of the service but there had been no issues of people entering the wrong rooms due to the high staffing levels. People can, therefore, be confident their privacy and dignity needs are met by caring staff.

People enjoy healthy and nutritious meals. We saw the menu was varied and one staff member told us they enjoyed preparing meals for people. Staff told us they were satisfied with the quality of food purchased and a relative told us they had seen the meals and

confirmed they were healthy. The relative also commented that the person's physical health had improved since being at the Manse. One person, however told us the food was "*not good*". We noted that provisions were available which meant that people could have snacks outside of meals times if they requested these. The dining room had adequate seating for all people and furnishings were sparse, but comfortable. We are satisfied, from the information we were provided with, together with what people told us, that people's dietary needs are met by capable staff who understand the importance of good nutrition.

Each person has an Individual Support Plan as well as a folder where daily activities and observations are recorded. One staff member described the plans as "*brilliant*". We noted that care plans were detailed and informative, and staff told us they had enough time to read people's records. In addition to the care plans, risk assessments were available for a range of areas including the use of a safety helmet; travelling by car and personal care. Each person had a Circle of Support, which was a page that included information about who was important to them.

Daily care records were detailed and included relevant information about the person's mood and the activities they participated in. Records were written in a positive way which reflected the high levels of motivation and commitment shown by staff. For example, one entry stated "*in a brilliant mood....helped out in the kitchen and went out in the car*".

We looked at medication charts and saw that "as required" medication was given very infrequently, which confirmed the comments made by staff that they try other techniques to prevent or diffuse challenging behaviour without recourse to medication or the use of restraint.

Whilst most of the care records were personalised, we saw that the personal statement for each person was the same and discussed with the manager just how individualised and personal it was. From our observations, together with the information provided by staff; people and care records we consider that people can be confident their care and support needs are recorded; understood and met by staff.

### **3. Environment**

#### **Summary**

People live in a home that is clean; comfortable and homely and where they can spend time either alone or in the company of others.

#### **Our findings**

People have access to safe and pleasant outdoor space. This is because we saw the garden areas were well maintained and there was evidence of ongoing work being carried out by people and the staff to further enhance the outside space. We noted, however, that the large cesspit containers remained at the back of the home and had not yet been relocated since the previous inspection in 2016. As well as spending time in the garden areas at The Manse, people could also spend time at Bangeston where there were extensive outside areas for people to grow plants or enjoy the newly built sensory path as well as the animals. We saw two people spending time in the garden area at The Manse with one person preferring to spend time in their bedroom and another was using the lounge. These demonstrate that people are able to do things for themselves because of the layout; facilities and support available to help promote independence.

People are cared for in clean and well kept surroundings. Staff are responsible for keeping the home clean and feel they have adequate time to carry out these duties, describing how the staff team work well together and can be relied on each other. We saw that communal areas, although sparse, were clean and comfortably furnished. Bedrooms had been personalised and people had enough space to store their personal belongings. We were told that any breakdowns were repaired promptly to ensure that all facilities were in good working order. From the comments made by a relative about their overall level of satisfaction, together with our observations, we consider the environment provides people with a safe and comfortable place to live.

## 4. Leadership and Management

### Summary

Quality is monitored through robust governance arrangements, both internal and external, which ensure that services are safe and effective. People's views, together with the views of relatives and staff are sought to ensure ongoing service improvements.

### Our findings

There are robust governance arrangements in place to monitor the quality of the service. We saw that people's views about the service were sought and one respondent stated "*My impressions are of a good service that offers a range of activities*". The governance arrangements are in place for all of the services which make up Pembrokeshire Resource Centre which mean that services can learn from each other and share good practice. The service is accredited by the National Autistic Society who monitor the quality of the service. We were told an advisor visits the service every six weeks and this provides an additional level of assurance regarding the quality of care provided. A quality assurance meeting takes place and this is attended by a range of staff. A quality assurance report is written each year and people's views about the service were noted to be wholly positive. One person who responded gave the highest ratings in all of the areas asked about, which included the menus and general facilities. A relative told us they felt involved in the care planning process for the person living at the Manse. However there are opportunities to improve the level of rigor in respect of the monitoring of the quality of monthly reports to ensure that any changes are captured and shared between the team. These demonstrate the service have shared values with the aim of enhancing the quality of care that people receive.

Staffing levels ensure that people's needs are met. On the day of the inspection we were told that one person has two staff when out of the home and one when at home. All other people receive one to one support. However there were three staff on duty to support the four people but staff told us this was sufficient. We were told that the service was fully staffed and additional staffing levels were met by staff working overtime or using bank staff although all of the staff we spoke with confirmed that they were not working many additional hours. We were told that staffing levels are based around people's care plans and activities. We observed that staff appeared unhurried and relaxed. This means that people can be assured that they benefit from a service where best use is made of resources.

Staff feel supported by their managers and motivated in their work. One staff told us they were currently working to obtain a level three, Qualifications and Credit Framework and another told us "*I feel proud to be a support worker*". Another comment from staff included "*There is nothing about the job I haven't enjoyed*". One member of staff told us their motivator for going to work was "*I like to help the boys have a good quality of life. To make them feel worthwhile*" and another said their motivation came from "*learning new things every day*". A relative was complimentary about the staff saying "*They are fantastic. I cant praise them enough*" and went on to describe the improvements they had seen in the person since living at The Manse. Staff told us they received regular supervision from their managers but were sometimes unclear about the frequency with one person saying they had supervision every six months and an appraisal every three months and another said they had supervision annually. Supervision records were not available within the staff files

we looked at. However the manager provided us with evidence that supervision was carried out every two months, and in accord with the National Minimum Standards. Staff told us they found the supervision process helpful and also felt able to discuss any work related issues with their manager on a daily basis. Staff told us they were up to date with their training and were never asked to carry out any duties for which they felt they did not have the required skills or training. These ensured that staff are well led; managed and trained.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None

### **5.2 Areas of non compliance identified at this inspection**

None

### **5.3 Recommendations for improvement**

- The provider ensures that monthly progress reports contain all relevant information to ensure the reports contribute, in a meaningful way, to people's ongoing care and support. To ensure the monthly reports demonstrate any changes to people's care and support needs and capture any improvements or deterioration in their health.
- Supervision records are available for staff to refer to as required.

## 6. How we undertook this inspection

We undertook a full inspection of the service looking at the four themes. The methodology used at this inspection included:

During the inspection we spoke with the following:

- Three people;
- One relative;
- One advocate
- Three staff;
- The registered manager.

We looked at:

- Two care records of people living in the home;
- Two staff files;
- The annual quality report;
- Completed questionnaires from people, their relatives and staff.

In addition, we

- Toured the property;
- Observed care practices and interactions between staff and people.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Pembrokeshire Resource Centre Ltd
Registered Manager(s)	Mark Nicholas
Registered maximum number of places	4
Date of previous CSSIW inspection	03/05/2017
Dates of this Inspection visit(s)	22/06/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service. We recommend that the service provider considers Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care'.
Additional Information:	