

Ashingdon Hall Care Limited

Maviswood

Inspection report

34 Manor Road
Westcliff On Sea
Essex
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28 May 2019

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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: Maviswood is a supported living scheme that was providing personal care for eight people who have mental health needs at the time of the inspection.

Maviswood is staffed between 9am and 6pm, by one member of staff, seven days a week.

People's experience of using this service:

People living at Maviswood were well supported by knowledgeable, caring staff, who were supported to develop themselves to better support people.

People had positive relationships with staff and staff knew people well. Everyone living at the service gave us complimentary feedback about the staff and how lovely they were.

People told us they felt safe living at the service and it felt like their home. People had regularly updated risk assessments in place and were encouraged to take positive risks. Staff were able to identify abuse and knew how to report it to safeguard people.

People were supported to live their lives independently with maximum choice and control. Staff supported people in the least restrictive way. The service recognised people's goals to live independently. The policies and systems in the service supported this practice.

Staff promoted equality and diversity and encouraged people to be themselves.

The registered manager was well thought of by staff and the people living at the service. They had good oversight of the service. People and staff found the management caring, supportive and responsive.

The service met the characteristics of good in all areas; more information is in the full report.

Rating at last inspection: At the last inspection the service was rated good. The report was published on 18 July 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any information of concern, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-Led.

Details are in our safe findings below.

Good ●

Maviswood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector conducted the inspection.

Service and service type

Maviswood is a supported living service. CQC regulates the care and support provided and not the environment. People had their own separate license agreements relating to the rent of their rooms. Maviswood was a house of multiple occupancy (eight people) where people had their own bedrooms. People had access to shared bathrooms, lounge, dining room, kitchen and garden. People came together during the day for one shared meal, agreed by people and prepared by staff. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place 23 May and 28 May 2019. Staff knew we would be returning on 28 May.

What we did

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We assessed the information that providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit, we spoke with five people using the service and three staff including the registered manager, home manager and care staff. We observed the support provided throughout the service. We looked at records in relation to people who used the service including two care plans and four medication records. We looked at records relating to recruitment, training and systems for monitoring quality.

After the inspection, we contacted healthcare professional supporting the service and the registered manager provided us with further evidence of good practice.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "I enjoy having the staff around", another told us, "the new security camera's outside really help us to feel safe at night." The provider had recently installed a live feed camera that could be accessed from a remote computer to support people if unexpected visitors arrived at the premises when staff were not on duty.
- Staff knew how to recognise abuse and protect people from the risk of abuse. One staff member told us, "I had safeguarding refresher training, it's all about keeping people safe. I won't tolerate bullying. I know how to recognise the types of abuse like physical and emotional abuse."
- The registered manager and home manager had reported abuse to the local safeguarding team when it was identified. We saw how a safeguarding issue had been managed and resolved in line with the provider's policies.
- Policies and procedures were in place to keep people safe. One staff member told us, "I wouldn't think twice about whistleblowing if I needed to. I would go to the Local Authority or the police to protect someone."

Assessing risk, safety monitoring and management

- People told us they knew how to raise concerns, "If we are worried we can talk to [registered manager] and [house manager]." People had been given information about how to contact outside agencies for help which was displayed on a notice board.
- People had risk assessments in place covering areas such as medicines and managing behaviours.
- Risk assessments relating to the environment, including the house pets, were in place. This included personal evacuation plans for use in case of an emergency. Staff and people were able to tell us what they would do in an emergency. One person told us, "If there is a fire, we go out of the front door and the front gate and call for help."
- Lone worker risk assessments had been completed for all staff working at the service. Staff told us they were also able to contact the on-call person for support and advice if there was a problem.
- Maintenance checks were completed, and equipment was maintained. These checks included gas safety and legionella testing.

Staffing and recruitment

- The provider had safe recruitment practices in place. The appropriate checks were in place to ensure that staff were fit to carry out the role such as an up to date DBS check.
- Staff and the people living at the service said there were enough staff to meet people's needs. One person told us, "There are enough staff to look after us. If we need someone at night, we can use the phone to call

someone or walk round to [name of sister home]".

- Staff told us they worked extra shifts when there was holiday or sickness absence. The registered manager also worked at the service when needed. One staff member told us, "We cover for each other, if neither of us are available the registered manager will cover."

Some people at the service chose to receive extra support from staff working for domiciliary care agencies by private arrangement. These staff assisted with shopping trips, appointments and some personal care.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had received medicines training and had yearly competency assessments.
- We checked people's Medicines Administration Records (MARs) and found medicines were given correctly.

- People were not prescribed 'when required' medicines, however homely remedy authorisation forms were in place for everyone living at the service. Homely remedies are medicines that are available over the counter such as paracetamol. These medicines do not need to be prescribed but the GP practice must have authorised the use of the medicine.
- People were encouraged to independently administer their own medicines where safe to do so. People had risk assessments in place that were regularly reviewed, and the house manager carried out a weekly audit to ensure people were taking their medicines as prescribed. One person told us, "I look after my own medicines, staff monitor what I am taking so I am safe."

Preventing and controlling infection

- People were protected against the risk of infection. There was a cleaning rota for everyone living in the home that was overseen by the house manager.
- Staff had received appropriate training in infection control such as using the correct personal protective equipment. Staff knew how to prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- There was an accidents and incidents policy in place. The registered manager reviewed and audited all reported incidents and put follow up actions in place where required. Where a person had scolded themselves using the kettle, a temperature-controlled water urn had been installed to reduce the risk of harm.

Is the service effective?

Our findings

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

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

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

- People had regular, comprehensive assessments to ensure that the service continued to meet their needs and give people choice in how they lived their lives. Peoples goals to be independent were recognised and supported.
- People's care plans contained detailed information relating to their personal preferences, likes and dislikes. Staff were able to apply their learning in line with best practice. This supported people to live a life of their own choosing.

Staff support: induction, training, skills and experience

- Staff told us they received a comprehensive induction which included time to read people's backgrounds and shadowing the house manager. One staff member told us, "I was happy to start working alone, I didn't come in blind."
- People told us they felt staff were well trained. One person said, "The staff go on a lot of courses, we all feel they know what they are doing."
- Staff received training that was a blend of online and face to face training. Training included safeguarding, Mental Capacity Act, manual handling and infection control. All staff training was up to date and the provider was offering staff the opportunity to have extra training of their choice to enhance their knowledge, for example understanding autism. One staff member told us, "I did some online training that was really in-depth. I would also like to do a National Vocational Qualification in Health and Social Care."
- Staff received regular supervisions which covered people living at the service, how the home was run and personal development. Staff also received yearly appraisals and yearly medicines competencies.

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

- People were supported to have a good diet. The main meal of the day was served at lunch time either in the dining room or in people's rooms and was prepared by staff. People also had cooking facilities in their bedrooms and the use of the kitchen. People told us, "We enjoy the meals, we get a choice with food, we can choose stuff. They brought out a new menu recently after our house meeting." We observed lunch which was clearly a sociable occasion for everyone.
- People were given other food choices if they didn't want what was on the menu. One person was a vegetarian and was provided with a separate menu whilst another person had a severe allergy to seafood which was not included on the menu.

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

- The service worked with a range of other agencies to ensure people's needs were met. These included specialist mental health services, hospitals, opticians and dentists.
- People were supported to attend regular health appointment where needed. One person told us, "I can get to the hospital for my blood tests and injection." Another person said, "They [staff] come with us to all our health appointments, we couldn't do it without them."
- The registered manager explained to us that people no longer received regular appointments with the local mental health team as their conditions were stable. Staff knew people well and understood their health care needs and how to support them. One staff member told us, "I know people's moods, their facial expressions and behaviours, I know who they are."
- The service had two dogs, one of which belonged to a person living at the service. People loved the dogs and were encouraged by staff to take the dogs on regular walks for fresh air and exercise. One person said, "We walk five days out of seven with the dog's, we really enjoy it."

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

● The mental capacity act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. One person told us, "I get to make decisions about my life. We get choices about what we eat, going on outings, and I can go to bed when I want to." Another person said, "We don't feel restricted at all, we can go out when we want to." Each person had their own front door and room key, we saw people coming and going as they pleased.
- Staff had received training on MCA's and DoLS and were clear that all people living at the service had capacity to make their own decisions. MCA's where in place where needed, for example, administering medicines. No one at the service was subject to a DoLS. No one was deprived of their liberty.
- The registered manager and house manager were aware of the court of protection and had applied to them to safeguard one person in relation to decision making.
- The registered manager had gained people's consent in writing for providing support. This was reviewed at least yearly.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People lived in a caring and compassionate environment. People gave us positive feedback about staff, "The staff are lovely", "They [staff] are caring", "Staff are very understanding, we can go to them if we are worried about anything" and, "We are able to be ourselves."
- Staff were observed having relaxed and happy interactions with people living at the service, which created a feeling of family. One staff member told us, "I support people to feel comfortable in their own skin." One person told us, "We all get on well together, we have TV, video and support, I feel happy."
- Staff and people told us about how they celebrated people's birthdays and Christmas. One person told us, "For our birthdays we have a cake and a buffet. Last Christmas we stayed at home but this year we are all going out for Christmas dinner." The house manager told us, "For people's birthdays, I get them a personal gift, something they need or would like to do, and a cake."

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

- People were regularly involved in reviewing their care plans and making decisions about their care. One person told us, "We are involved in our care plans, we get to keep a copy in our room."
- People told us there were regular house meetings with the house manager. One person said, "We have house meetings. We talk about personal hygiene, outings, food and problems. Stuff gets sorted."
- People told us, and the registered manager confirmed, that independent advocacy services were available for people if needed. An advocate is someone who supports a person to express their views and helps to ensure their voice is heard. Information on advocacy services for people with specific mental health needs was clearly displayed in the service. We contacted the advocacy service for feedback. They told us, "We work with a number of residents at Maviswood and have no concerns about them. Where residents have had issues through their mental health we have found the staff to be pro-active and supportive and have worked well with the support plans we have put in place or have taken the initiative with support needs arising beyond their support plans."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "They definitely treat us with dignity, they always knock on the door." Staff explained they do not enter people's rooms without permission. They would only enter someone's room if there was no response and there was a concern for the person's safety.
- Staff strongly promoted people's independence and maintaining daily life skills. One staff member told us, "Our aim is to keep people independent and support them with their day to day lives. One person told us, "I go to college three times a week, I go to English, confidence and drama classes."

- People were encouraged to engage in day to day activities such as cleaning and shopping. One person told us, "We do the cleaning, hoovering, cleaning the bathroom and do our washing." Another person told us, "We buy food ourselves for breakfast and for the evening and any snacks we want and get our own drinks. The idea is to help us with our independence."

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs had been assessed and were met with individual, personalised care. People's care plans were detailed and contained up to date information about the persons likes, dislikes and how staff could best support their needs. One person had said they needed support with filling out paperwork and forms. This was clearly documented in the care plan.
- People had been supported to engage in a variety of meaningful activities and interests. The house manager organised trips and collected information about events in the local community such as night club outings, friendship groups and cinema outings. These were displayed on the notice board in the hallway. People told us, "We go out for a meal every month; we take it in turns to choose where we are going", and, "We do the lottery, keep the garden nice for everyone, go out on shopping trips and for walks." One person told us about the registered manager bringing their children along to visit, "I enjoy the children coming to visit, I love them all."
- People told us they were able to maintain relationships with friends and family. One person said, "I go out every week and see my family. We can also invite people in for cake or lunch. Another person had been supported to go on holiday with their family, which had become a regular part of their life.
- People told us they were able to follow their chosen religion, "Every Sunday a mini bus comes and picks us up and takes us to church."
- The service had links with the local community. People had attended a local gardening charity called 'Growing Together' and another person had worked in a charity shop.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place and people knew how to make a complaint. One person told us, "I've never had to make a complaint, but I could talk to [registered manager] and [house manager] or my advocate.
- We saw that people spoke openly with staff during our inspection. The registered manager and house manager confirmed they operated an open-door policy and people could come and speak with them at any time.

End of life care and support

- No one at the service was in receipt of end of life care. The registered manager had plans in place to offer staff end of life training.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and staff thought highly of house manager and the registered manager. People told us, "staff are lovely." One staff member said, "The registered manager is amazing, best manager I have had since I have been here. Any issue, work or personal, I can pick up the phone and it is dealt with straight away. The provider has also been very supportive."
- We saw that the registered manager and house manager were kind and caring. They knew people and their individual needs and how to respond to them. People clearly enjoyed spending time with staff. Staff told us they were proud of the home, "People look after each other and the home, they are a family."
- People's care was person centred and personalised to meet the needs expressed by individuals. People were keen to tell us what they thought of the service, "We are all quite content with the way things are run, we would all recommend this place."
- The culture of the service was open and transparent. Where there had been mistakes, staff had spoken with the people concerned and apologised. Staff expressed a shared value of helping people to live independently whilst supporting them with their day to day lives.
- Everyone living and working at the service was encourage by the registered manager to share problems and concerns which were responded to effectively. One staff member told us, "I am glad I made the career change, I am 100% happy working here."

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

- Staff were clear about their roles and the structure of the organisation which was appropriate for the size of the service.
- People and staff were involved in regular quality monitory. This included health and safely checks on the building, audits of medicines and peoples support plans and gathering information from people about the quality of the service. This information was then discussed at regular meetings; actions plans were put in place where needed.
- Staff felt supported to carry out their roles confidently and were encouraged to develop and extend their knowledge with further training that was being put in place by the registered manager who was proactive and passionate about improving standards of care for people.
- The house manager showed us the new medicines system that was in place. To improve safety, medicines were supplied in individual pod's so people could take only the medicines they needed out

with them in the original container provided by the pharmacy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were regularly asked for their feedback about the service and had completed surveys. Any feedback was given to people individually or at the house meetings.
- Everybody living at the service was able to express themselves in a way that best suited them. Staff ensured that people treated each other equally and respected their rights to live in the way they chose and how they wished to present themselves.
- Staff received regular supervision. One staff member told us, "The house manager will call me to talk about anything. If I have a suggestion I will let the house manager know."
- The registered manager had built up a good relationship with the local GP practice and other health and social care professionals, which was reflected in people's care plans. Staff had sought support, and made referrals where needed, to ensure that people received the support and treatment that they needed to keep well.