The Melanie Ann Trust

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Inspection report

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Tel: 01634243430

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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

We carried out this inspection on the 14 December 2015 and it was unannounced.

The Melanie Ann Trust Residential Home is a service registered for up to two people who do not require nursing care. It accommodates people with a learning disability and additional sensory impairments. The service is situated close to the Snodland town centre. There were two people living at the service at the time of the inspection.

The Melanie Ann Trust is a registered charity and operates another small service close by. Staff work across both services.

People had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy in their home by showing warmth to the staff that were supporting them. Staff were attentive and communicated with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for care and support. We observed staff supporting people with their daily activities.

The service had a registered manager, who was also the nominated individual for the trust. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had been trained in how to protect people from abuse, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

Where people lacked the capacity to make decisions the staff were guided by the principles of the Mental Capacity Act (MCA) 2005 to ensure any decisions were made in people's best interests. Staff were trained in the Mental Capacity Act 2005 (MCA) and showed they understood and promoted people's rights through asking for people's consent before they carried out care tasks.

Staff were knowledgeable about the needs and requirements of people using the service. Staff involved people in planning their own care in formats that they were able to understand, for example pictorial formats. Staff supported them in making arrangements to meet their health needs.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

People were provided with food and fluids that met their needs and preferences. Menus offered variety and choice.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. People were involved in making decisions about their care and treatment.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

The registered manager investigated and responded to people's complaints and relatives/advocates said they felt able to raise any concerns with staff.

Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served and at other times during the day.

People were given individual support to take part in their preferred hobbies and interests.

Staff were recruited using procedures designed to protect people from the employment of unsuitable staff.

Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the service was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse by staff who understood the daily challenges they faced and how they communicated their needs.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

People and their relatives spoke positively about the care they received. The food menus offered variety and choice and provided people with a well-balanced and nutritious diet.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Staff understood people's individual needs. They had received appropriate training and gained further skills and experience through extended training in behaviours that challenged.

Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

A broad range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good

The service was well-led.

The staff were fully aware and practiced the home's ethos of caring for people as individuals.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

Visitors were welcomed and the registered manager communicated with people in an open way.

The Melanie Ann Trust

Detailed findings

Background to this 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.

This inspection took place on 14 December 2015, was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

The staff on duty assisted with the inspection process. We spoke with the registered manager and three members of care staff. We spoke with an advocate for one of the people who used the service and received written information from health and social care professionals. These included local authority care managers. We looked at the personal care records for two people, medicine records; activity records, staff recruitment records and staff training records. We observed the care provided to people who were unable to tell us about their experiences.

At the previous inspection on 13 March 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People used facial expressions to indicate they had positive experiences and felt safe living at the Melanie Ann Residential Home. For example, they smiled when staff approached them. An advocate who has regular contact with the service told us they were very happy with the support provided by the service.

There were enough staff with the right skills and experience to care for people safely and meet their needs. Staff told us they worked at both of the Melanie Ann services. The staff duty rotas demonstrated how staff were allocated to each service on each shift. The rotas showed there were sufficient staff on shift at all times. Staff told us if a person telephones in sick, the person in charge would ring around the other carers to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were enough staff to supervise people and keep them safe. For example, there were sufficient staff on duty to enable people to go to planned activities, like going shopping or going to the cinema. A social care professional said, "There is sufficient numbers of staff on duty with a good knowledge of each individual client's needs". Staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

People were protected from the risk of receiving care from unsuitable staff as the registered manager followed safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing staff. Staff recruitment records were easy to follow and fully completed. This enabled the registered manager to easily see whether any further checks or documents were needed for each employee, for example non return of references to follow up. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, and a criminal background check. These processes helps employers make safer recruitment decisions and helps prevent unsuitable applicants from working with people who use care and support services. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely. There was a stable staff group, as staff told us that they had worked at the service for some years and they said that they know the people living there very well.

There was a safeguarding policy which guided staff who were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people, so their knowledge of how to keep people safe from abuse was up to date. The registered manager was familiar with the processes to follow if any abuse was suspected in the service. The registered manager told us if any concerns were raised, they would telephone and discuss them with the local safeguarding adult's team. Staff knew how to contact the safeguarding team and people could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.

Care plans included risk assessments which were relevant to the individual person and specified actions

required to reduce the risk to them. These included the risks identified whilst fuelling a vehicle when a member of staff was working one to one with a person. Risks relating to the environment were also managed appropriately and included risks identified with moving around the home and in the garden. A social care professional informed us that the service had up to date risk assessments for their client, which the staff were familiar with.

There were challenging behaviour support plans in place and staff had received training about people's behavioural support needs. Information included specific triggers and how a person should be supported to become calm again after an incident. For example, being supported one to one to all external activities. This meant that people were appropriately supported and staff had clear guidance concerning how to help people if they became distressed, minimising potential risk from behaviours that challenged.

The registered manager monitored accidents and incident. They looked for patterns of behaviour or recurring incidents so that they could respond to try and stop them happening. The records showed that management were investigating and reviewing the reports and monitoring for any potential concerns. This ensured that risks were minimised and that safe working practices were followed by staff.

People were protected from the risks associated with the management of medicines and were supported to receive their medicines safely. The registered manager told us that currently none of the people were able to manage their own medicines without support. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Staff told us they had been trained to administer medicines and said they followed best practice guidance when administering medicines. They knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. There was information for staff to read about possible side effects people may experience in relation to certain medicines. Medicines audits were carried out in line with the registered provider's policy.

The premises had been maintained and suited people's individual needs. Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose. Environmental risk assessments were in place to minimise the risk of harm. Other risk assessments included general welfare, slips trip and falls, and infection control. This showed us that the premises, equipment and work was regularly assessed and protective measures were put in place to support staff carrying out their duties safely.

The registered manager had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People indicated that staff looked after them well. They were relaxed and interacted with staff. People had chosen their keyworker, and some people had had the same keyworker for many years. One health care professional said, "The Melanie Ann Trust endeavours to provide a high level of individualised care for the people who live at its two services".

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff had completed or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as epilepsy and diabetes. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. In this small service staff saw and talked to each other every day.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People's consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. We observed that staff asked people's consent before assisting with any personal care. Care plans contained mental capacity assessments where appropriate. These documented the ability of the person to make less complex decisions, as well as information about how and when decisions should be made in the person's best interest. The management team were aware of how to assess a person's ability to make less complex decisions. The registered manager told us that currently none of the people had their liberty unlawfully restricted.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Management understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour. People's changing needs were observed and recorded on a daily basis. The information was monitored and reviewed by staff. People's needs were monitored and reviewed on a regular basis to ensure that their needs

were met.

People were supported to have a balanced diet. There were menus in place. The menu gave people a variety of food they could choose from. The staff knew people well and asked each week if people had any special requests or any requests. Staff supported people to make hot and cold drinks throughout the day. People were offered choices of what they wanted to eat and records showed that there was a variety and choice of food provided. People were weighed regularly to make sure they maintained a healthy weight.

The registered manager had procedures in place to monitor people's health. Referrals were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks.

Good

Is the service caring?

Our findings

Staff had good relationships with people. Due to people's varied and complex needs they had a limited ability to understand and verbally communicate with us. We observed the way that staff interacted with people living at the home and found that they responded sensitively to their needs. An advocate told us, "The staff are very good". A health care professional said, "The knowledge of individual people is obvious, I have only observed care and consideration demonstrated by the staff to people that live at the service".

Staff recognised and understood people's non-verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices. We found that people's social and emotional needs were considered and catered for as well as their physical care needs.
Staff chatted and joked with people and ensured that the people felt comfortable.

There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people.

Relatives felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered. Relatives had been consulted about their family member's likes and dislikes, and personal history. People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but allowed to be as independent as possible too. We saw that people were supported to go out to their planned activities.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

Relatives told us and we saw that people's privacy and dignity was respected. For example, staff asked people if they could show the inspector their room. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. We saw people had personalised their bedrooms according to their individual choice.

People had one to one time, where any concerns could be raised, and suggestions were welcomed about how to improve the service. Relatives told us that they could talk freely to the registered manager.

Information about people was kept securely in the office. When staff completed paperwork they kept this confidential.

Good

Is the service responsive?

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Is the service well-led?

Our findings

Staff told us that they thought the service was well-led. They said the registered manager was there most days, and they had a contact number for the registered manager when they were not at the home. One health care professional said, "The manager has dedicated his life to supporting the Trust which is a family business".

Staff commented, "We all work as a team, it is a good place to work" and "The manager is always around and you can talk to him if there is any concerns".

The registered manager promoted an open culture by making themselves accessible to people and visitors and listening to their views. The registered manager said he regularly kept in touch with families.

The registered manager had a clear vision and set of values for the service. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. The registered manager demonstrated his commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs. For example, individual and varied activities, individualised records of support and bedrooms that had been decorated to the individuals taste.

The registered manager provided support for the staff. Staff understood who they were accountable to, and their roles and responsibilities in providing care for people. Staff said that the registered manager was approachable and supportive, and they felt able to discuss any issues with them.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as person centred planning and accident and incidents. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings where people were asked about their views and suggestions; events where family and friends were invited; questionnaires and daily contact with the registered manager and staff.

Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The registered manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The registered manager of the service were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction.