Ashcroft Care Services Limited

Malvern House

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?	Requires Improvement

Summary of findings

Overall summary

Malvern House is a residential home which provides care and accommodation for up to six adults with moderate learning disabilities, autism and behaviours that may challenge others. On the day of our inspection six people were living in the home.

This inspection took place on 6 July 2016 and was unannounced.

The home was run by a registered manager. '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 and associated Regulations about how the service is run.

People and their relatives gave positive feedback about the service they or their family member received. People were very happy.

People said that they felt safe and they appeared happy and at ease in the presence of staff. One person said; "The staff are kind, I feel safe." We saw staff had written information about risks to people and how to manage these in order to keep people safe.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had received training in safeguarding adults and were able to tell us about the different types of abuse and signs a person may show if they were being harmed. Staff knew the procedures to follow to raise an alert should they have any concerns or suspect abuse may have occurred.

People who may harm themselves or displayed behaviour that challenged others had shown a reduction of incidents since being at the home. However incidents and accident were not always fully recorded by the staff and registered manager. We have made a recommendation about this.

People received their medicines as they were prescribed and when they needed them. Processes were in place in relation to the correct storage, disposal and auditing of people's medicines.

Care was provided to people by a sufficient number of staff who were appropriately trained and deployed. People did not have to wait to be assisted.

Staff recruitment processes were robust and helped ensure the provider only employed suitable staff to care for people.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe. The premises provided were safe to use for their intended purpose.

People and their families had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. Staff ensured people had access to healthcare professionals when needed.

People said that they consented to the care they received. The home was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People said that they were involved in making decisions about their care as much as they wanted to be.

Staff had the specialist training they needed in order to keep up to date with care for people. Staff demonstrated best practice in their approach to the care, treatment and support people received.

People were provided with a choice of meals each day and where they wanted to eat, for example go out for lunch or have lunch at home. Facilities were available for staff to make or offer people snacks at any time during the day or night. Specialist diets to meet medical or religious or cultural needs were provided where necessary.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed some positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when relatives and friends could visit.

People took part in community activities on a daily basis; for example trips to the shops. The choice of activities was specific to each person and had been identified through the assessment process and the regular house meetings held.

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. People knew how to make a complaint. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. Staff knew how to respond to a complaint should one be received.

People were at the heart of the service. The provider's philosophy, vision and values were understood and shared across the staff team.

The provider had quality assurance systems in place, including regular audits on health and safety, medicines and support plans. The registered manager met CQC registration requirements by sending in notifications when appropriate. However some incidents had not been reported. We have made a recommendation about this. We found both care and staff records were stored securely and confidentially.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

People received their medicines safely. Medicines were stored, managed and administered safely.

People received support from enough staff on duty to meet their needs. Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Assessments were in place to manage risks to people. There were not always robust processes for monitoring incidents and supporting people to reduce the risk of them happening again.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink according to their choice and plan of support.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. We observed caring staff that treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families (where necessary) were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Support plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community which reduced the risk of people being socially isolated.

People felt there were regular opportunities to give feedback about the service.

Is the service well-led?

Requires Improvement

The service was well led.

The registered manager undertook audits of medication and health and safety issues. The registered provider had a satisfactory system of recording the auditing processes that were in place to monitor the quality of the service provided.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns. However the registered manager had not always undertaken regular supervision with staff.

The registered manager had not always understood their responsibilities with regards to the regulations, such as when to send in notifications

Malvern House

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 was planned to check 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 6 July 2016 and was unannounced. The inspection team consisted of one inspector who had experience of caring for people with Autism.

Before the inspection, we reviewed all the information we held about the provider. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns. We asked the provider to complete a Provider Information Return (PIR). This 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 reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people, three members of staff, the managing director, and the area manager. We spent time observing care and support being provided. We read three people's support plans and looked at other records which related to the management of the service such as training records, audits, staff rotas, recruitment documents and policies and procedures.

The last inspection was undertaken in February 2014 where no areas of concern were identified.

Good

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns. One person said "I have no worries here, everything's fine." One staff member said "People are safe, the incidents of behaviour that challenges others has reduced."

Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, one member of staff explained the different types of abuse and what the local authority safeguard protocols were. They said, "I would report anything to the registered manager, team leader or phone the local authority myself."

Staff had sufficient guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Behaviour management plans had been developed with input from specialist professionals, such as 'behaviour therapists'. We observed staff interactions with people during the day. Staff followed guidance as described in the people's support plans.

Assessments of the risks to people's safety from a number of foreseeable hazards had been developed; such as bathing, shopping and community activities. Support plans contained risk assessments in relation to people who required one to one supervision, as well as individual risks such as walking to the shops, bathing and nutrition. Staff told us they had signed the risk assessments and confirmed they had read and understood the risks to each person. The team leader said one person's behaviour that challenged others had improved and their risk assessments had been reviewed to reflect this as this person no longer needed constant one to one supervision.

Incidents and accidents that people were involved in were not always reported appropriately or in in a timely manner. We spoke to the managing director about this who described to us the action they took to analyse each incident. They told us that they would immediately ensure that the outcomes of investigations into incidents was assessed the risk and any new strategies to reduce the risks to a person implemented. We did not find any evidence that this had impacted on the support that people received. However, there was a potential risk that staff might not be able to identify trends or put in place action to reduce risks of incidents reoccurring.
We recommend that the provider reviews their incident analysis process, in accordance with their policy and procedures.
Staff were able to describe risks and supporting care practices for people. For example, installing activity (movement) monitoring systems for people with Epilepsy and risk for people behavioral triggers.
People's medicines were well managed and they received them safely. The team leader said that they encouraged people to be as independent as possible with their medicines. One person said "I have my tablet every morning, with a glass of water." And "The staff asked me if I wanted to look after my tablets, but I don't want to."

There was an appropriate procedure for the recording and administration of medicines. We saw medicines were stored securely. Each person had a medication administration record (MAR) chart which stated what

medicines they had been prescribed and when they should be taken. We observed staff ensuring people had taken their medicines before completing the MAR chart to confirm that medicines had been administered. We looked at MAR charts and saw they were completed fully and signed by trained staff. One staff member said "Even if you have been doing them (medicines) for a long time the training is important to ensure you know what you are doing."

People who were prescribed 'as required' medicines had protocols in place to show staff when the medicines should be given. The provider had in place procedures for safe disposal of medicines. MAR charts showed us the provider had completed PRN protocols for people. Where the PRN protocol was completed records showed us how staff knew to give PRN medicines and which affects staff should observe and report upon for example if a person had pain relief, why it was given and whether the person's pain resolved with the administration of the medicines.
People said that there were enough staff deployed to meet their needs. One person said; "There's loads of staff." Another person said "I get to choose which staff to help me." Staff also said there were enough staff on duty. We saw people being attended to promptly. We heard care staff acknowledge people when they required assistance.

People's dependency levels were assessed and staffing allocated according to their individual needs; For example, one person received one to one support and supervision at times. The registered manager told us staffing levels were constantly reviewed to meet the changing needs of people, we were told that extra staff employed by the provider would be used if necessary. The team leader said that the staffing level were five care staff on shift (during the day). We checked the rotas for a four week period which confirmed the staff levels described by the team leader were maintained.

Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

The registered manager told us the home had an emergency plan in place should events stop the running of the service. They explained that the provider owned other properties and that should the need arise people would be taken there. Staff confirmed to us what they were to do in an emergency.

Good

Is the service effective?

Our findings

Staff ensured people's needs and preferences regarding their care and support were met. Staff were knowledgeable about the people they supported. One person said "I like to buy pens for drawing." Staff explained how they supported the person to do this.

Each person had a keyworker who sought the person's views and supported them when planning activities, holidays and opportunities to access the community. The team leader showed us copies of minutes that included issues people had discussed at the monthly 'house meetings such as menu's and trips out. People had discussed what colour they would like their bedrooms for example.

People were encouraged and supported to be involved in the planning and preparation of their meals. People were asked each morning their choices for the day and about what and where they want to eat. For example to go out for lunch, have sandwiches or staff support them to cook. We saw on the day of inspection everybody did something different. One person said "I eat what I want, today I'm having sandwiches." Another person said "I've been out for a cup of tea and a cake."

People's weight was monitored on a monthly basis and each person had a nutritional profile which included the person's food allergies, likes, dislikes and particular dietary needs. Although staff had not needed to refer anyone to a dietician they explained to us that if a person had lost or gained an excessive amount of weight they would refer them for support to the GP or dietician for advice. All the weekly menus, for the evening meal were agreed by people at the house meetings. People who were unable to communicate verbally were supported to make their choice by using picture cards.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
The provider had complied with the requirements of the MCA. Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Where people did not have capacity, their relatives who held a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member, or advocate.

Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member said, "MCA is there to ensure people have daily choices and are supported to make big decisions about their lives." Staff were seen to ask for peoples consent before giving care throughout the inspection.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. We saw that both standard authorisations and one urgent authorisation had been submitted appropriate to the local DoLS team. The managing director told us they were waiting for the assessment team to visit.

Staff received a training programme which included how to support people who may harm themselves or others in a safe and dignified manner. Staff had access to a range of other training which included MCA, DoLs and manual handling. The training plan showed that all staff were up to date with training. One staff member told us "The training is really good." This ensured staff were helped to develop essential skills to provide the appropriate support in a positive and constructive way to meet people's needs.

Support plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, psychiatrist, specialist support and development team and chiropodists. One person's care plan identified they had a hormonal deficiency. We saw that the support plan had been amended to reflect how this may affect the person.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "I love it here. It's my home." They told us they "I get on well with all the other people who live here."

We observed staff interaction with people. We saw companionable, relaxed relationships evident during the day. Staff were attentive, caring and supportive towards people. Care staff were able to describe to us each person's needs and they clearly knew people well. The registered manager said people were encouraged to be independent. For example, clean their room, do their own washing, help prepare meals. Each person did their own personal shopping with support from staff.

Staff gave good examples of how they would provide dignity and privacy by closing bathroom doors and giving people privacy to talk. We observed staff calling people by their preferred names and knocking on bedroom doors before entering. One person said, "I can go to my own room and relax whenever I want to."

People who had been assessed as requiring one to one support had this provided with consistency as the same member of staff was assigned to the person throughout the day. The staff were knowledgeable about people and gave us examples of people's likes, dislikes and preferences. We heard the staff regularly ask people how they were.

People's preferences and opinions were respected. We observed that one person who was going bowling did not want to go with the staff member allocated, and chose another staff member to support them.

Staff told us they reviewed peoples' support plans regularly. They said they would involve the person in reviewing their care and ask for input from relatives. Support plans had been signed by people who lived at the home. One relative we spoke to said that they were regularly contacted by the home and invited to care review meetings.

The staff explained how they used a variety of communication aids to support people who were unable to verbalise their thoughts and preferences. Staff told us this included using pictures, speaking slowly and clearly and watching a person's body language.

People looked relaxed and comfortable with the care provided and the support received from staff. One person was heard talking to staff throughout lunch, seeking advice and support. We heard staff reply cheerfully and with kindness to their requests.

Good

Is the service responsive?

Our findings

People said they had been supported to undertake activities of their choice. One person said "I like doing arts and crafts." Another person said "I go to watch the football."

Records we viewed and discussions with the staff demonstrated a full assessment of people's needs had been carried out before people had moved into the service. Some people had lived with the provider for 20 years.

People daily records recorded the care and support people had received and described how people spent their days. This included activities they had been involved in and any visitors they had received. One person's daily records stated they regularly spent time at the day centre with friends. Another person's daily records described how they had attended a work placement and the positive impact this had on them.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information was presented using pictures and easy to understand text, for example the staff on shift used staff pictures, so everyone could see who would be supporting them in their home. Information such as staff on shift, calendars, menus and activity planners were all current and up to date, so gave good and correct information to people. One staff member said "we really pride ourselves in supporting people achieve what they want to do."

People's support plans comprised of various sections which recorded people's choices, needs and preferences in areas such as nutrition, healthcare and social activities. Support plans contained information on a person's personal life and life histories; who was important to them, their health plan and what they liked to do. We saw each area had been reviewed at regular intervals.

Staff ensured that people's preferences about their care were met. One staff member told us, there was always a handover and the first thing they did was to read the communications book. They had written daily notes about people and would highlight any changes to the needs of the person to the registered manager so that the care plan could be reviewed.

There were activities on offer each day and an individualised activity schedule for each person. On the day of our visit one person had been to bowling, other people were going horse-riding or to work placements. People's activity logs listed a range of activities people had taken part in; such as college, exercise, money management, shopping, walks. People said that they liked living close to the town. One person said "I can go to the shops when I want to."

People's health passports were regularly updated. A health passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital.

People were aware of how to make a complaint, one person said "I haven't had to make a complaint." There had been no formal complaints received since the service opened. The team leader showed us the complaints policy and explained how they would deal with a complaint if one arose. The managing director told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary.

We looked at satisfaction questionnaires that people had completed all of which showed positive comments. They explained to us that the care staff had supported peoples' individually to fill them in. Relatives and external professionals were also being sent questionnaires for their views on how the service runs and any improvements that might be needed.

Requires Improvement

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering .The home had a registered manager. Although they were not present on the day of inspection, as they were supporting a person on holiday.

People and relatives we spoke with all knew who the registered manager was and felt that they could approach them with any problems they had. One person said "The manager is lovely." Another person said "The manager is always here."

Staff were positive about the management of Malvern House. One staff member told us, "I feel valued as a member of staff." They said the registered manager and provider were approachable and, "Will always listen to you." They also felt they could speak up and make suggestions as the registered manager would always listen to them.

Although the registered manager was not present, we observed members of staff approach the senior manager during our inspection and observed an open and supportive culture with a relaxed atmosphere. Staff expressed their confidence in being able to approach all levels of management. Staff said "I feel I would be taken seriously by the registered manager." Staff told us they had been supported through their employment and were guided and enabled to fulfil their roles and responsibilities in a safe and effective manner.

However we noted that formal supervisions had not always been recorded. Some staff told us "It's getting better recently."

We recommend that the registered manager ensures regular supervisions are recorded in line with the provider guidance and national best practice.

Staff told us they had staff meetings regularly and could always request extra meetings if they wanted to talk about anything. They said they were kept up to date in between meetings by the registered manager and during handovers these meetings acted as group supervision. The staff showed us the communication books that were used regularly as a daily method of sustaining continuity of care.

The managing director told us about the systems they used to ensure the delivery of high quality care. We saw the quality assurance systems in place were robust. We saw evidence of audits for health and safety, care planning, medication and infection control. This enabled the registered manager to identify deficits in best practice and rectify these. The managing director explained that regular management and staff meetings were held. The minutes of the meetings were recorded and made available to all staff. Best practice guidance was discussed during these meetings including communication skills and care plan reviews. Their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned. The information provided matched what we found on the day of

inspection.
This showed that the registered manager was continually assessing the quality of the home and driving improvements.
The registered manager gained daily feedback from people about their choice and preference. People had been supported to complete satisfaction surveys. The registered manager had sent surveys to family members and professionals and the responses returned included comments such as "I am happy living at the home." And "I like the staff."

The registered manager had not ensured that appropriate and timely notifications had been submitted to CQC when required. Care records were kept securely throughout the home