

Malvern View (Lydiate) Limited

Maple Leaf Lodge

Inspection report

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Tel: 01564824594

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09 November 2017

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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 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection site visit took place on 9 November 2017 and was unannounced. It included observations, speaking with people and staff and reviewing records. The inspection was carried out by one inspector and an expert by experience who had experience of a learning disability services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to 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. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the local authorities who are responsible for funding some people's care for information.

We spoke with six people who used the service, four care staff and the registered manager. We looked at two records about people's care, minutes from staff and people's meetings, complaint and compliments file, incident forms and quality audits that the registered manager and provider had completed.

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 received care and treatment from staff who understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet their care and social needs and manger their medicines.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

Is the service caring?

Good ●

The service was caring.

People were happy that they received care that met their needs, reflected individual preferences and maintained their dignity and respect.

Is the service responsive?

Good ●

The service was responsive. This has improved since out last inspection in August 2016 where it was rated as Requires Improvement.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service were confident to raise any

concerns. These were responded to and action taken if required.

Is the service well-led?

Good ●

The service was well-led. This has improved since our last inspection in August 2016 where it was rated as Requires Improvement.

People and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

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Detailed findings

Background to this inspection

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Is the service safe?

Our findings

At the inspection on 14 August 2016 we rated the service good within the safe question. At this inspection we found the service had remained good.

People were supported to remain safe, raise any concerns they may have and were supported by staff to remain free from the risk of potential abuse. People told us staff helped keep them safe and felt secure in their home. One person told us, "I'm safe here". People told us they would raise any concerns about their safety or any worries they had with staff or the registered manager. One person told us, "I would tell [staff names]" and had confidence any issues or concerns were addressed.

The provider had policies and procedures in place for staff to follow if they had any concerns about a person's safety or raising concerns about any potential abuse. The staff we spoke with were clear that they would report any potential abuse and had received training in what safeguarding people from abuse meant. The registered manager had reported potential safeguarding matters to the local authority and sent statutory notifications to us. The provider had daily checks for staff to complete if there had been any safeguarding matters raised or reported.

The registered manager and staff had plans in place to support and protect people from potential discrimination and harassment. The plans identified people's individual protected characteristics under the Equalities Act, for example people's relationships and religious needs and how staff could support the person.

People told us about the choices and activities they wanted to do, for example daily household tasks and staff knew how to minimise any risks to their safety and well-being. People had been involved in talking about and recording these in monthly meetings with their key worker to ensure they were current. Where a risk had been identified an assessment had been completed to score the level of risk. The actions needed to minimise the risk and how staff could support the person without unnecessary restrictions were in people's care plans that were secure and accessible to people and staff.

Staff had clear guidance and training to support people where people became anxious or upset which may lead to them or others getting harmed. This included a range of techniques that were individual to each person, such as distraction and calming advice. Where medicines were used to assist people with anxiety, guidelines were clear about how and when they should be used and if the person was able to recognise and request this medicine. Staff told us about the specific training they had in relation to distraction and safe restraint. Where a person had been involved in an incident it had been recorded so the registered manager could review and look for patterns, triggers and how staff had managed the situation. In one example the registered manager told us that they identified that visitors to the home potentially led to increase in incidents the following day so staff were able to better understand and support people with this.

People were supported by staff they knew and were available at all times. Where people required one to one supported this had been provided. The staff had been organised on a rota to ensure there were enough staff

on duty. During our inspection we saw that staff were able to respond to people's requests, take people out or spend time talking or supporting people. The registered manager had recruited enough staff to cover the shifts and where required had used a consistent number of agency staff to cover sickness and holidays. The registered manager had developed the rota to ensure that each shift had team leaders to support staff. Staff we spoke with told us that in supervisions and team meetings they covered various policies and procedures which included safeguarding and fire safety. Staff also had access to these policies and people's Personal Emergency Evacuation Plans (PEEPs) if they had needed to refer to them. A PEEP is an individual escape plan for people who may not be able to reach a place of safety unaided in an emergency.

People told us they were supported with their medicines and one person told us, "My medicine helps me", and a further person told us, "I have six tablets and staff come and supervise me". Where people had medicine as needed the staff had clear guidelines in place to follow. One person told us that when they needed pain relief, "I tell the staff and they get me medicine". Each person's medicines administration had been recorded and checked daily to ensure that no one had missed their prescribed medicine. Staff understood the medicine policy and had received training, which had been checked regularly by management to ensure they remained competent to administer medicines.

People's medicines were under review by the local GP or consultant that was involved in the person's care. There were examples of where people were changing medicines with a view to improve their quality of life. Where people visited family, staff ensured medicines were monitored when leaving and returning to the home and copies of records were in place to support this. All medicines in the home were securely stored and unused medicines were returned to the pharmacy. The team leaders checked stock levels of medicines to reduce over ordering and reduce the overall amount of medicines stored at the home.

People told us they helped keep their home clean and were involved in daily household cleaning and laundry. People were encouraged with personal care and maintaining good hand hygiene, which we saw staff supporting people before they had been involved in baking cakes. Staff and people were involved in food preparation and staff had received food hygiene training. The provider had a lead member of staff to audit the home to check the cleanliness and help reduce the risk of infection. Staff followed the infection prevention and control procedures including the use of personal protective equipment (PPE).

Is the service effective?

Our findings

At the inspection on 14 August 2016 we rated the service was good in the effective question. At this inspection we found this had remained good.

People had been involved in planning their support to achieve the outcomes they wanted and had chosen one or two members of staff to work with them to do this. Staff confirmed that each month a review with the person took place to make changes to the care planning. The care plans detailed any potential areas to review and showed how a person's views influenced the care planning, such as supporting relationships or visiting places of worship. In view of recent recommendations from an external professional body the registered manager had reviewed best practice guidelines. This had led to a change in how staff were trained in relation to distraction and restraint.

We saw people experience care and support from staff who understood how to meet their individual needs. Staff were able to anticipate the support people required to remain relaxed and comfortable in their home. Staff told us about the training they had and how it reflected the needs of people living at home, for example epilepsy training and distraction. This had supported people as staff had been able to develop techniques that re-directed people from potentially upsetting situations. Staff told us their training was regularly updated and had access to various styles of training such as online and face to face courses to support their skills and knowledge. All staff had regular supervision and observations which they told us were useful in receiving and sharing areas for improvement or what had worked well.

People told us about how they were involved in planning their meals for the week ahead and how much they wanted to be involved in the preparation of each meal. Lunchtimes were more of an individual choice on the day with a more structured plan for the evening meal. People were supported to make healthy choices, promoting people's own choices such as joining local slimming groups. One person told us, "I've seen the dietician and started to eat healthy. I need encouragement to not eat the wrong things". People's meal times were planned around their personal choice, for example one person chose to have a late breakfast so their following meals had been spaced appropriately for the rest of the day.

People were involved in and knew about other services they needed so they could monitor and maintain their health. One person told us, "I'm waiting to know the date for the flu jab as they are coming here to give it us". People were also supported to attend appointments, for example one person told us, "The optician visited three weeks ago and I've got to have new glasses". The registered manager told us how they promoted other services such as occupational therapy and dieticians in support of people's changing or ongoing needs. People saw their doctor as needed and we heard one person was talking to a support worker about a possible appointment the following day to check their health.

People told us about their bedrooms and how these had been decorated and furnished with the choices and preferences. The communal areas were clean and free from clutter and the gardens outside were secure, easily accessed and used by people. The home had a lift to access the first floor; however this was not currently needed by anyone living at the home. People had freedom to use the communal areas or have

time alone in their rooms.

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had agreed to their care and support and where able had signed consent forms where needed. These were recorded in their care plans and showed the involvement of the person wishes and needs. Where a person had been assessed as needing help or support to make a decision in their best interest this had been recorded to show who had been involved and the decision made.

All staff we spoke with understood the MCA and that all people have the right to make their own decisions. Staff knew they were not able to make decision for a person and would not do something against their wishes.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty on the person.

Is the service caring?

Our findings

At the inspection on 14 August 2016 we rated the service good in the caring domain. At this inspection we found this had remained good.

People we spoke with told us about how they found living at the home. One person told us, "I'm happy here. I like all the staff they talk to me". People told us how the staff were attentive to them. One person told us, "They [staff] listen to me" and named their favourite staff. People were comfortable with staff who responded with fondness and spoke about things they were interested in. The atmosphere in the communal areas varied from quiet and calm to lively with staff and people enjoying their time together.

People were supported where needed with the use of pictorial reminders for having showers or brushing teeth. When we spoke with staff they knew the people in the home well and were able to tell us about their history and current circumstances. Staff we spoke with told us they all worked well together so people received care that met their needs and how they enjoyed supporting people in the home. When staff started their shift they were greeted with hello's and hugs from people.

People were able to discuss and direct staff in their day to day needs or choices, for example one person told us, "I can go to bed whenever I want". People told us how they involved their families in their lives and when they had contributed in planning their care. One person told us about their care plan and appreciated their family attending meetings to discuss their care and support.

People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. Staff were aware that people's independence varied each day and on how they were feeling.

People we spoke with told us they continued to visit their family members whenever they chose to. We saw a number of visits had been planned so people would go and see their family. People's families also visited the home and were welcomed by the registered manager and staff.

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. People were able to spend time on their own in their bedrooms and staff were seen to knock or ask before entering a room. One person told us the, "Staff are respectful" and we saw how the staff listened to the person's request for privacy.

We saw staff were discreet when discussing people's personal care needs. We saw one staff member discreetly prompt one person personal care so they maintained this person's dignity. When staff were speaking with people they respected people's personal conversations and views. People's personal information and personal files were stored securely. Staff and the registered manager were aware of the need to maintain confidentiality and store information securely.

Is the service responsive?

Our findings

At the inspection on 14 August 2016 we found the service required improvement in how staff supported activities and communicated with people. At this inspection we found the provider had improved ways to communicate with people with pictorial or hand gestures which was right for them and people enjoyed a variety of activities when in their home.

Two people told us how they felt supported in their care needs and told us about their 'key workers'. These were a named member of staff who worked closely with a person to ensure they got the care they wanted. One person told us about their positive relationship with their key worker and said,, "I go for a curry with my key worker once a month". People told us that their care was reviewed once a month and that they would be happy to discuss any changes with staff. Where agreed people's family had been involved in or consulted about the care of their family member.

People were supported to attend annual health checks or reviews with consultant physiatrists by staff. Staff told us they were able to provide information at this appointment and follow up with any changes to a person's care. Staff we spoke with knew the type and level of care and support each person needed. They understood people's health condition and what this meant for them. For example, if a person had certain conditions such as autism, they knew how the person would react to certain situations or requests. Staff also felt they recognised any changes in people's day to day health needs, for example, infections or illness.

We looked at two people's care records which had been updated regularly or when a change had been required. The records showed people's choices and decisions about any that was working well or any change they wanted for the coming month. For example, any changes to hobbies or activities. Staff we spoke with felt people's care records were accurate and reflected the person's care. Staff told us that information was shared in a variety of ways such as the shifts changes, communication books and the homes diary. This was also used to record people's appointments which had been reviewed each day to review the appointments for the day ahead.

We also saw that people made use of the garden and had things to do in the home such as baking, cleaning and listening to music and chatting with staff. People told us about their work, hobbies and what they enjoyed doing when out of the home. One person told us, "I work in the garden, I like making cakes and I made a pumpkin for Halloween, I like cooking, I like helping people, I wash tables and chairs and polish". Each person had individual social lives and interest and were supported by staff where needed. For example, people were supported to go out for lunch or go to work. One person told us, "I go bowling and see action films. I go horse riding every 2 weeks". People told us about the day trips and holidays they had been on and about their future holiday plans. People told us they got to see their families and friends and were supported to invite people to their home.

The provider had a formal complaints process in place and this had been included in people's paperwork when they joined the service. The complaints process gave people the names and numbers of who to contact and the steps that would be taken to respond and address any concerns. This was available in an

easy read pictorial format to assist people with making a complaint. People we spoke told us that they were happy with their care and support and they would tell their key worker if they were unhappy about something. People also felt able to tell their concerns or suggestions to the registered manager and felt listened to and confident any suggested changes were made.

Is the service well-led?

Our findings

At the inspection on 14 August 2016 we found the service required improvement in leadership and governance. At this inspection we found the provider had improved with the registered manager identifying the areas for improvements and making positive changes to how people were supported to live their lives. There was a registered manager in post. 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 felt supported by a consistent staff team and involved with the service they received. People had been asked for their views on the care and support with a weekly house meeting to share their views on the week ahead. This included activities, meal planning and if there any updates about the home, ask questions or raise ideas for example, any complaints. One person told how they preferred this home to their previous one and said, "I was left to my own devices and it didn't work out, it is much better here". The registered manager had developed partnerships with external stakeholders to support their goal to improve quality outcomes and services for people. This had worked well for two people as those partnerships had been successful in securing them with voluntary places of work.

Staff told us they felt able to tell management their views and opinions at staff meetings. One care staff said, "Staff morale has improved and it's a nicer place to work". The registered manager felt support with a staffing team that were caring and reflected the provider's ethos of proving care that promoted and listened to the people they cared for. One care staff said, "[Registered manager] is good at management and leads by demonstrating. The service users are the priority". Care staff reflected these values when we spoke with them.

The registered manager felt supported by the provider and kept their knowledge current. They had access to resources and advice through the provider's internal computer system. The registered manager told us they used these to discuss what was working well and could be shared or if they were aware of any changes. The registered manager also referred to Social care Institute for excellence, CQC and Skills for Care for support in guidance about best practice and any changes within the industry. They also worked with specialist with the local area to promote positive working relationships, for example nurse practitioners and social services.

The registered manager ensured they had sound working relationships with outside agencies such as the local authorities, the DoLs teams and safeguarding. The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary.

The service had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. Audits were completed on a daily weekly, monthly, six monthly or yearly basis. Examples of audits completed were medicines, infection control, health and safety, care planning

documentation and overall quality of care audit. Where shortfalls were identified as a result of the audits an action plan with timescales was put in place to ensure the improvements were made. The most recent areas for improvement had focussed on staff recruitment and retention and the structure of the staff on each shift so people were in receipt of care and support that met their needs.

The registered manager submitted a variety of reports to the provider for review so the provider was aware of how the service was performing. Any accidents and incidents were reported on. The events were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible. The number of complaints received by the service were also reported on plus any safeguarding alerts, 'resident' and staff issues. The registered manager attended the provider's management meetings and this again enabled them to share information and to learn from other registered managers in relation to the providers other services and their registered managers' experiences.