

Ashingdon Hall Care Limited

Maviswood

Inspection report

34 Manor Road
Westcliff On Sea
Essex
SS0 7SS

Tel: 01702346480

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30 June 2016

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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

This unannounced comprehensive inspection took place on the 30 June 2016.

Maviswood is registered to provide personal care for up to 8 people who have enduring mental health needs. There were eight people receiving a service on the day of our inspection.

A registered manager was 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 2008 and associated Regulations about how the service is run. The registered manager also manages two other local services and is supported at Maviswood by a house manager.

Systems were in place to ensure the management of risks both for individual people and to the environment so as to ensure people's safety. This included the safety of the premises and equipment used. Equipment such as that relating to fire and electrical equipment had been tested and checked to ensure it was safe and in good working order.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Risk management plans were in place to support people to have as much independence as possible while keeping them safe.

Medicines were securely stored, safely recorded and supported in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they found the staff to be friendly and caring. People's goal of being more independent was recognised and supported in the service.

Staff used their training effectively to support people. The manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so as to ensure their rights were respected and met.

Care records were regularly reviewed and showed that the person had been involved in the planning of their care. They included people's preferences, individual needs and goals so that staff had clear information on how to give people the support that they needed. People were supported to participate in social activities both at home and in the community. People told us that they received the care and support they required.

People living and working in the service knew the registered manager and found them to be approachable and available in the home. People had opportunity to express their views and influence the service provided.

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.

Staff were safely recruited. The provider had suitable arrangements in place to ensure people were safeguarded against abuse and to manage risks for the safety of people living in and working in the service.

There were enough staff available to meet people's care and support needs. People's medicines were safely supported.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the knowledge and skills required to meet their needs.

Staff sought people's consent before providing all aspects of care and support. Guidance was followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet. People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff encouraged people's independence and treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's support plans were reflective of their care needs. People were supported to follow interests and activities they enjoyed.

The service had appropriate arrangements in place to deal with comments and complaints.

Is the service well-led?

Good ●

The service was well-led.

Staff understood their roles and responsibilities and were well supported by the registered manager.

Measures were in place to monitor and improve the quality of services provided at the service.

Opportunities were available for people to give feedback, express their views and be listened to.

Maviswood

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 was undertaken by one inspector on 30 June 2016 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with six people who received a service. We also spoke with the registered manager and two staff working in the service.

We looked at three people's care and medicines records. We looked at records relating to four staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People told us they felt safe and reassured living in the service because there were staff available to them for support when they needed it. One person said, "It is just knowing they are always there." Another person said, "I feel happy and safe here, I have no worries about bills and staff are nice."

The registered manager and staff had a good knowledge of how to keep people safe from the risk of abuse and had attended training in safeguarding people. The registered manager told us there had been no safeguarding event raised in the service; however they were clear on their responsibilities relating to this. Staff knew how to recognise different forms of abuse and were clear on how to report any concerns. One staff member said, "I would report it to my manager or go outside to CQC if needed. It is all about the welfare of the people living here and making sure they are safe and well." People had access to information on who to speak with if they felt concerned for themselves or others and details of how to contact external agencies were displayed.

People had their individual risks assessed and reviewed including, for example, in relation to safe management of medication. The assessments gave staff guidance on how to support people safely. Risks such as lone working had also been assessed. The registered manager told us that they were arranging additional safety checks such as relating to checks on the water to prevent infection. We saw there were processes in place to manage risk in connection with the operation of the home. A fire risk assessment was in place and regular fire safety checks were carried out to ensure that in the case of a fire the fire alarms would work efficiently. Risk management plans were also in place in relation to the house pets.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. Records showed and staff confirmed that the required references, criminal record and identification checks were completed before staff were able to start working in the service. This included agency staff.

There were enough staff available to meet people's needs safely. The house manager confirmed the staffing levels in place and rotas sampled showed that these were consistently available. Staff and people living in the service confirmed that there were enough staff available to enable people's needs to be safely met. Staff also told us that some people funded additional staffing hours where they needed and chose. This was used to provide extra support such as with social activities, appointments and support plan goals. This was confirmed in the staff rotas we viewed.

People who were prescribed medicines received these in a timely and safe manner. People confirmed that staff prompted them regarding their medicines and at the correct times. The registered manager told us they would implement a recording system for checking the storage temperatures of the areas where medication was stored. The provider had systems in place that ensured the safe receipt, storage, administration of medicines. Medication administration records were consistently completed and tallied with the medicines available. The service had procedures in place for receiving and returning medication safely when no longer required.

Is the service effective?

Our findings

People were cared for by staff who were well trained and supported in their role. People felt that staff were skilled and able to support them in the way they needed. One person told us, "I can go to staff if the voices start and they listen to me and they understand. I feel staff know how to help me."

Permanent and regular agency staff members told us they had had an induction when they started working at the service and had worked alongside more experienced staff to begin with. Staff told us that the induction and training provided them with the knowledge they needed to meet people's needs safely and effectively. The house manager told us that they had identified areas for development from their own induction experience were discussing these with the registered manager with a view to improving the staff induction to better suit the needs of the service.

Staff received regular training updates to ensure their knowledge was current to support them to meet people's needs. Additional training, such as aspects of mental health issues was also provided to regular agency staff. Staff told us they had opportunity for formal supervision meetings with their manager and this was confirmed in the records viewed. Whilst medication competency assessments were not in place, annual appraisals had been completed to assess staff competence and support staff development. Staff told us that they felt well supported in their work and had opportunity to develop their skills and knowledge and gain qualifications through further training, including a National Vocational Qualification in Health and Social Care.

CQC are required to monitor the implementation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) in care homes. The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People's rights were respected in the service. Staff had attended training on the MCA and DoLS and were knowledgeable about supporting people's rights and gaining consent. Staff were clear that all the people living in the service had capacity to make their own decisions and that there were no restrictions placed on people by the service or under mental health legislation. This was confirmed by people we spoke with and who told us they all had keys to their own bedrooms, and to the front door. We saw that people went out and came home as they wished. One person said, "I go out as I please, no one ever stops us doing anything."

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs and their preferences. Staff confirmed that none of the people living in the service were at nutritional risk. People were supported by staff to varying levels depending on the person's support needs and in line with their goal and support plan. People were encouraged with healthy eating but their right to make their own choices was respected. People told us that they also ate out on occasions and had what they wished.

People had cooking facilities in their own bedroom or the use of the main kitchen. They prepared their own breakfast, teatime meal, snacks and drinks encouraged and supported by staff as needed. Staff planned and provided a daily lunchtime main meal, the menu of which was displayed and showed that people had choices. We saw that people sat together at the dining room table for this meal which was clearly a social event. People confirmed that they had choices and that they really enjoyed the lunchtime meals. One person said, "We have a really nice meal at lunchtime, there is a choice and it is always very nice. We can do our own breakfast and tea or whatever we want." Another person said, "The meals are lovely, really lovely and we have a choice."

People were supported to maintain good health and had regular access to health professionals when required. This included GPs, optician, dentist and chiropodist. One person said, "When I need them [health professionals] I see them." The house manager told us that most people no longer had routine reviews with mental health professionals, such as a psychiatrist, as people's mental health had remained stable for some time. Staff were knowledgeable about people's particular healthcare needs and any support they might need with healthcare monitoring. People were supported to attend appointments for regular blood tests relating to their medicines management and regime to ensure their ongoing health and well-being.

Is the service caring?

Our findings

People lived in a caring and supportive environment. People told us that staff were caring and kind. One person said, "The staff here are very nice and very helpful." Staff interactions with people were observed to be caring, friendly and supportive. People told us that the limited number of regular staff in the team had enabled positive relationships to develop. People and staff chatted easily together in a suitably familiar and confident way. People were comfortable with staff and approached them with ease to ask questions, to which staff responded appropriately. People and staff knew each other by name and people's preferred names were used.

One person said, "People here are very friendly." People told us that they all got on well together and that while they could choose to spend time in their own space, other people living in the service had become like a family to them. They told us they enjoyed the support of being able to gather at mealtimes or in the lounge with other people who shared their experiences and understood their needs.

People told us they were supported to do things for themselves as that was one of their main goals. Staff told us the approach of the service was one that empowered and encouraged people to be independent. People had their own kitchenette facilities in their rooms and made meals and drinks as they chose. The facilities included a fridge and people were supported to varying levels to budget, plan and shop for their food as part of developing and maintaining independent living skills. People also managed their own laundry with a schedule in place to provide all the people in the service with fair access.

The registered manager confirmed that independent advocacy services were accessed for people if needed and available. An advocate is someone who supports the 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.

Staff treated people with dignity and respect and we saw staff were respectful in their interactions with people. People told us that staff respected their privacy and their personal bedrooms, always knocking and never entering the room without consent unless agreed. A signed written agreement was in place for each person that confirmed the occasions when staff could enter people's room without consent. This included if there were concerns for the person's safety and well-being. We saw that staff knocked on people's bedroom doors and also introduced us and asked people for their agreement for us to speak with them in their bedrooms.

People's personal information was respected and securely stored. People had provided signed confirmation as to whom their personal information could be shared with, such as health professionals, and who people did not wish their information to be shared with, such as family members.

Is the service responsive?

Our findings

People received personalised support to meet their needs. People were supported with their care and staff were responsive to their needs. People told us they were mainly self-caring but that staff did provide them with support and guidance, such as with filling forms, prompting medicines and budgeting. Staff were aware of how each person wanted their support to be provided and what they could do for themselves. People were treated as individuals and had a plan of support in place to identify their personal support needs and goals. The house manager told us that many of the people had maintained positive mental health for a long period of time which shows that the service had responded effectively in supporting people's individual needs.

Records showed and a person confirmed that they had been able to visit and stay in the service as part of the assessment process to ensure that it suited them and could respond to their needs. The person told us that the service had agreed to their beloved pet coming to live with them when they moved into the service which was so important to them. The service also had other pets which people in the service had the main responsibility for taking care of. This included walking the dogs regularly which additionally gave people an opportunity for exercise and to chat with other dog walkers in the community.

People had their own copy of their support plan and confirmed that their wishes and preferences had been taken into account. One person who showed us their own support plan records said, "I know about my support plan. They talk with me about it and I sign it." One person had stated that they did not wish to be disturbed early in the morning to take their medication. Staff had responded to this and the person's support plan had been updated to ensure that the person's wishes were respected and they had their medicines when they came downstairs in their own time.

Support plans were reviewed regularly which enabled staff to provide support relevant to the person's specific needs. Support plans gave guidance to staff on how to recognise any potential changes in the person's mental health, approaches that had helped the person and actions to be taken by staff in this event. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the safety and wellbeing of the person, staff and other people living in the service at those times. This included supporting people to access leisure activities and interests of their choosing in the community. One person told us that they were working in a local shop. Other people had been supported to join and participate in a community activity called 'growing together' which supported their interest and offered social opportunity to meet other people.

People told us they felt confident to raise any concerns or complaints in the service if they needed to and that they would be listened to. One person said, "If I was not happy I would go to [house manager's name] or to any of the staff and yes, I am confident they would listen to me." The provider had a complaints policy and procedure in place. The complaints information gave people timescales within which response and actions would be implemented so people knew what to expect. Information was included to guide people on how to take their complaint further if they were dissatisfied with the provider's response. A system was in place to record complaints and to show any outcomes or learning identified. One person had raised an

informal comment that they were unable to use the tumble dryer and that the heating was too warm for the time of year. This had been recorded and responded to promptly by the house manager. The issues were also recorded in the minutes of a house meeting as discussed to ensure that all people living in the service had clear information.

Is the service well-led?

Our findings

There was a clear structure in place to ensure effective leadership. A new manager had been appointed in November 2015 who had promptly and successfully made application to register with the commission as required. The registered manager also managed two other local services and was supported at Maviswood by a house manager, who oversaw the service. This management team had kept their knowledge up to date regarding changes to relevant legislation, standards and inspection approach and so were aware of their responsibilities in relation to the quality of the service they provided. All staff were clear on their roles in meeting the aim of providing people with a safe, quality service that supported and enhanced their wellbeing and independence.

The registered manager had introduced quality monitoring systems which were continuing to be developed. Health and safety checks had been implemented with recorded actions. Matrices were maintained of staff training, supervision and appraisal so the manager could identify and promptly manage any gaps. Audits of support plans were in place to ensure they were complete and up to date in supporting people's needs. Medicine audit and temperature monitoring charts were produced and were to commence immediately, along with staff competence assessments. Plans were in place to review the provider's policies and procedure to ensure they were current and relevant. People's responses to the quality survey had been analysed and action taken in response to people's views.

People had opportunities to express their views and influence improvements at house meetings which were held regularly. Additionally, the registered manager gathered people's views on the service through an annual satisfaction survey. The analysis of the responses showed that people rated the service as good or very good, that they received sufficient support, felt safe and that their views were listened to. Comments also included the politeness of staff, the meals served and good management of the service.

People benefited from a staff team that worked together effectively. Staff were clear as to the aims of the service and expressed commitment to providing people with the support they required while respecting their independence and right to make their own decisions. There were communication systems in place to support quality care including handover and communication records. The house manager said, "We have a good team here. I can go away knowing everyone is safe."

There was an open and inclusive culture at the service. Staff told us that the registered manager was approachable and supportive. One staff member said, "Senior staff are very, very supportive, that's why I like working here, managers will give you advice and you can input, you feel part of the team and feel valued." The house manager told us that the registered manager had listened to feedback on their experience of the induction process and their plans now in place to develop this. People also told us that they found the managers available and approachable and that their views were listened to. One person said, "This is the best manager we have ever had here, [manager] is an angel."