Mappleton House Care Homes Ltd

Mappleton 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?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected the service on 14 and 15 October 2014. Mappleton House provides accommodation and personal care for up to 11 people with a learning disability or mental illness. On the day of our inspection 11 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

When we last inspected the service on 16 July 2013 we found there were improvements needed in relation to how people received care and support which met their

Summary of findings

needs, and how people were safeguarded from the risk of abuse. We found at this latest inspection that the provider and manager had made the improvements in line with the action plan they provided us with.

The manager made safeguarding referrals when needed and staff knew how to respond to incidents if the manager was not in the home. This meant there were systems in place to protect people from the risk of abuse.

Medicines were managed safely and people received their medicines when they should. Staffing levels were matched to the needs of people using the service to ensure they got care and support when they needed it.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DOLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and had not deprived people of liberty without applying for the required authorisation.

Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were supported to eat and drink enough to maintain their health. Staff had the knowledge and skills to provide safe and appropriate care and support.

We observed occasions where staff treated people with dignity and respect and supported them to make choices. However we saw occasions when people did not have their dignity or choices respected.

There were systems in place to monitor the quality of the service and to involve people in giving their views of how the service was run. Audits had been completed that resulted in the manager implementing action plans to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from the risk of abuse because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good

Is the service effective?
The service was effective.

People were able to make decisions and people who lacked capacity were protected under the Mental Capacity Act 2005.

People were supported by staff who received appropriate training and support to carry out their roles. People were supported to maintain their hydration and nutrition.

Good

Is the service caring?
The service was not always caring.

We observed occasions when staff did not respect people's choice and did not respect people's dignity.

We observed people's likes and dislikes were respected.

Requires Improvement

Is the service responsive?
The service was responsive.

People's health was monitored and responded to when their health changed.

People were supported to pursue their interests and hobbies.

People knew how to raise concerns and felt they would be responded to and records showed that complaints were dealt with appropriately.

Good

Is the service well-led?
The service was well led.

The management team were approachable and sought the views of people's relatives and staff.

There were effective procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Good

Mappleton 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 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.

We inspected the service on 14 and 15 October 2014. This was an unannounced inspection. One inspector carried out the inspection.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and asked them for their views and we read a copy of the local authority contract monitoring report.

During the visit we spoke with one person who lived at the service. We also spoke with three relatives of people who lived at the service, two members of care staff, a visiting GP, the manager and a senior manager. We observed care and support in communal areas. We looked at the care records of two people who used the service, three staff files, as well as a range of records relating to the running of the service including audits carried out by the manager and provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

The last time we inspected the service we found there had been a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found action had been taken to improve the process for reporting incidents since we last inspected. The manager had implemented new forms for staff to complete if people were found to have any bruising. We saw this had been effective in prompting staff to report incidents to the manager and the manager had then shared information local authority safeguarding adult's team when necessary.

The person who used the service told us they felt safe and happy. All three relatives we spoke with told us they felt their relative was safe in the service with one saying, "If [relative] wasn't right, we would be able to tell. I feel [relative] is safe in the home."

People could be assured that safeguarding concerns would be reported appropriately. Staff had received training in the safeguarding of adults. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The registered manager demonstrated that they had made safeguarding referrals to the local authority following incidents in the service.

Assessments were in place to reduce the risk to people whilst at home and in the community. Staff had the information they required to keep one person, who was at risk, safe whilst they in the community. We saw from care records that assessments had been put in place that related to people's individual circumstances such as the risk of falls whilst in the home. We saw there had been an accident in the service. Following this, steps had been taken to put equipment and systems in place to reduce the risk of this happening again.

Accidents were analysed each month by the manager to identify any trends. The analysis was then reviewed by a senior manager and discussions were held about any action or learning which needed to take place.

We observed staff were available to give care and support in a timely way when people needed assistance. The manager told us they would increase the number of staff on duty if people's needs changed or more people were admitted to the service. A person had recently moved into the service and staff told us staffing levels had been increased when this happened. Staff told us they felt there were enough staff working in the service to meet the needs of people.

People who used the service had been assessed as not being safe to manage their own medication. We observed a member of staff administering medicines to a person and saw they followed safe practices. Staff told us they received regular training in medicines management and we observed staff were adhering to this training. Systems also included the manager carrying out regular checks in relation to how medicines were managed. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Good

Is the service effective?

Our findings

The person we spoke with told us they were happy living in the service. One relative told us they felt the staff had given, "excellent care" when their relation had needed extra healthcare following an injury. Another relative told us they felt their relation was getting a good level of care. All three relatives we spoke with told us they were happy with the care and support their relations were receiving.

People were supported by staff who had the skills, knowledge and support they needed to meet the individual needs of people who used the service. Staff told us they had regular support and supervision with the manager, where they were able to discuss the need for any extra training and their personal development. They told us they had the training they needed to support them to meet the needs of people who used the service. Records confirmed the training and supervision was provided.

Staff had been given training in how to use techniques to support one person to reduce their anxiety. Staff were able to describe the techniques they used to support this person and told us they found the training, coupled with knowledge about this person helped them to avoid and respond to triggers in their behaviour. Records showed the techniques were effective and that medication was only given when all other methods of reducing the person's anxiety had been explored.

People's capacity to make decisions had been assessed under the Mental Capacity Act 2005 (MCA). Assessments for two people had been carried out with the involvement of their relative and a health care professional and decisions made in their best interest. The manager had made two applications for a DoLS due to their concerns that by taking steps to protect these two people, staff were restricting their freedom. There was a policy in place on the MCA and Deprivation of Liberty Safeguards (DoLS) and staff we spoke with understood the principles of these and they were able to describe how they supported people to make decisions.

People were supported to eat and drink and maintain a healthy diet. Weight monitoring records showed that one person had gained weight and was being supported to lose some weight via a healthy eating plan, which staff had implemented. We saw this plan had been effective and the person had started to lose some weight.

Three people had been assessed as needing a special diet. We observed one of these people being given their breakfast and we saw they were given their meal in line with recommendations from the speech and language therapy team (SALT). We observed one person being supported by staff to eat their meal. Staff gave the person the support as described in the persons care records. We saw there were meal menus in place in the service and these showed that two options were available for people to choose from.

We saw evidence that staff sought advice and support from a range of external professionals such as dieticians, occupational therapists and psychologists to support people with their health care. Records also showed that when people became unwell staff arranged for them to see their doctor. One person who had fallen had been referred to the falls and bone team for advice on reducing the risk of further falls. This meant people's health needs were monitored and their changing needs responded to. A visiting GP told us they felt communication with the surgery was efficient and that staff were prompt to contact the surgery with any concerns they had.

Requires Improvement

Is the service caring?

Our findings

One person told us that they were treated respectfully and they could choose how they wanted to spend their time. All three relatives we spoke with told us they felt staff were respectful to their relative and treated them with kindness. One relative said, "There is a genuine affection from staff to [relation] and back from [relation] to staff."

However we observed some interactions where people's choices were not respected and people were not always treated with dignity. We saw a member of staff prevent a person from leaving the lounge when they chose to. Following this, the person became agitated and started to rock and bite an object in their hand. The member of staff did not recognise the impact their actions had on the person. On two occasions we saw that staff did not explain what they were going to do prior to giving people support. We also saw an example of where staff did not respect one person's privacy and dignity and gave a handover to staff of the person's day, which included details of a very personal nature. This was done in front of us and also in front of the person without including them in the discussion. Staff sometimes spoke with people using infantile language such as one member of staff asked one person, "Have you been a good lady." Another member of staff administering medicines to a person said, "Good boy" when the person took their medication. This is not a dignified way for staff to speak to adults.

We spoke with the manager about our observations and she responded to this and took action to address the concerns.

We observed staff interacting with people who used the service and we saw some positive examples of warm and caring approaches. For example one person had a favourite object of interest and we saw a member of staff interacting with the person and their object of interest. The person responded by smiling and showed affection back to the member of staff. Staff talked with kindness and warmth about the people they were supporting. One member of staff told us, "We get to support people and give them independence. I feel I make a difference every day." We spoke with a GP visiting the home and they told us they felt the manager and staff had developed supportive and understanding relationships with people who used the service. They told us that they had observed compassion and patience.

We saw people were given choices about what they did and where they spent their time. One person wished to spend time in their bedroom during the day and we saw staff supported this. Another person chose to sit in the kitchen with staff and have a drink and a snack. We saw there was guidance in care plans informing staff how people preferred to be supported and how they wished to spend their time.

All but one person who used the service had significant communication difficulties. We saw the manager had implemented 'communication passports' to provide staff with information on how to communicate with individuals to support people to be involved in their care. For example one person had a plan in place which informed staff what certain gestures meant, such as if the person patted their mouth this indicated they were hungry. Staff we spoke with were familiar with the gestures which were detailed in the plan.

The manager told us there was not anyone currently using an advocate, but that advocates had been used in the past when people needed advice or someone to speak on their behalf.

Good

Is the service responsive?

Our findings

People were supported to follow their hobbies and interests. Records showed and we observed people being supported to go out into the community. One person said, "I went to Goose Fair last week and the garden centre yesterday. I like going to the cinema, we are going today in a taxi." During our two day visit we saw people being supported to go out into the community to places which staff told us were linked to individual likes and dislikes. The manager told us that everyone had an annual holiday and some people went on holiday twice a year. Two people were on holiday when we visited. One person wanted to go overseas on holiday and the manager was supporting the person to get a passport so this could be achieved.

People who used the service were not able to be fully involved in their care planning due to significant communication difficulties. However relatives told us they were involved in six monthly reviews of their relation's care, which were held by the manager. Relatives also told us that staff kept them up to date with any changes in their relation's health or welfare.

Staff had information they needed to be able to respond to people's individual needs as care plans gave a wide range of information about individual personal preferences and abilities. The information included what people liked and disliked, what was important to them and how staff should support them in a way they preferred.

People were supported with their independence as much as possible. One person had recently moved into the service and staff told us they were working with the person to improve their independence by taking part in such activities as doing their own laundry. We saw staff supporting another person to eat independently, in line with information in the person's care plan.

The person we spoke with told us they would tell staff if they were unhappy in the service. Staff we spoke with knew how to respond to complaints if they arose and that they would recognise through people's body language if they were unhappy. There was a complaints chart in place for staff to follow should a concern be raised with them. The relatives we spoke with said they felt comfortable to speak with staff if they wanted to raise any concerns.

Complaints and concerns were listened to and acted on. We spoke with a relative who had raised a concern and they said the manager had met with them regularly and there had been a closure meeting at the end of the process. We looked at the complaints records. There was a clear procedure for staff to follow should a concern be raised. We saw one concern had been raised and this had been documented, investigated and resolved with the person raising the complaint.

Good

Is the service well-led?

Our findings

One person and the three relatives we spoke with told us they would feel comfortable to speak with the manager if they wanted to. One relative said, "It is an open door policy."

Due to people's significant communication difficulties, meetings were not held for people who used the service. There were regular relative meetings held so that relatives could have a say about what they thought about the service. We saw the minutes of these and saw relatives were encouraged to give their views and recommendations for improvement.

Staff had opportunities to contribute to the running of the service through staff meetings. The manager and staff told us there were regular meetings held for the care staff and staff felt they were listened to at the meetings. The staff we spoke with told us that they enjoyed their job and felt supported by the management team, who were approachable.

There was an open culture with staff feeling they could approach the management team with suggestions and feel they had been listened to. One member of staff told us that they had requested training in a specialised area, and the following week the training was provided. Following our feedback about the dignity issues we observed, the manager was quick to respond to this and took action to prevent this kind of practice.

Feedback from staff and relatives was consistent in that since the manager had been in post the service had undergone improvements. They told us the service environment was much more homely and care plans were better. One member of staff told us the whole of the staff group were involved in the process when a person moved into the service recently and that they felt more involved in decision making.

We observed staff were comfortable approaching the manager throughout the day and saw that they were given support and direction. Records we looked at showed that the manager had submitted all the required notifications to us that must be sent by law.

Relatives of people who used the service had completed a survey in 2013. This had been sent to relatives by the provider to seek their opinion on the quality of the service. The results of the survey had been analysed and were mainly positive. The manager had put in place an action plan to inform people what action would be taken to address any areas identified as needing improvement. We saw that areas relatives had identified for improvement included access to the garden, a sensory room and redecoration of areas of the home. We saw that in response to this, ramps had been installed to allow easier access to the garden, two areas of the service had been upgraded and the third was in progress which included the installation of a sensory room.

Systems were in place to monitor the quality of the service people received. We saw that audits had been completed by the manager in areas such as medication, infection control, health and safety and the environment. A senior manager also visited the home monthly and their visits included observing care practices, speaking with staff and looking at records such as accident records, care plans and staff recruitment procedures. When issues had been identified, these were addressed. For example we saw some issues with recording medication had been identified and these had been discussed with staff and improvements made