

Malvern View (Lydiate) Limited

Maple Leaf Lodge

Inspection report

Icknield Street
Forhill
Birmingham
West Midlands
B38 9EG

Tel: 01564824594

Date of inspection visit:
26 September 2023

Date of publication:
23 November 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Maple Leaf Lodge is a residential care home providing accommodation for people with learning disabilities and autism. The home provides a range of support pathways for up to 12 people. At the time of our inspection there were 11 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support: Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service worked with people to plan for when they experienced periods of distress, so that their freedoms were restricted only if there was no alternative. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and in their best interests. The policies and systems in the service promoted this practice. People were presented with choices about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community.

Right Care: Some of the records relating to people's care and health and safety required updating. Medicines were not always administered as prescribed. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had received training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture: People received good quality care, support and treatment because suitably trained staff and specialists could meet their needs and wishes. Staff placed people's wishes, needs and rights at the heart of everything they did. The quality of support provided to people was evaluated, involving the person, their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 January 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We recommend that the provider review their system to record and monitor the administration of medicines.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Maple Leaf Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience did not attend the service on the day of the inspection. The Expert by Experience conducted telephone interviews with people's relatives.

Service and service type

Maple Leaf Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Maple Leaf Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The service was run by a manager who was going to register with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from other professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people living at the service. We spoke to the Divisional manager, the manager, the Senior Operational Lead and 4 members of staff. We reviewed care plans for 4 people and a range of records related to the management of the service such as medicines records, staff recruitment records and minutes of meetings.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We spoke with 5 relatives of people who live at Maple Leaf Lodge.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We found that one person's medicines were not always administered as prescribed. Staff told us that the person sometimes refused their medicines when they felt uncomfortable in public, however, there were no records of action taken to address this issue. This had no impact on the person's well-being.

We recommend that the provider review their system to record and monitor the administration of medicines.

- People could take their medicines in private when appropriate and safe. Staff made sure people received information about medicines in a way they could understand.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Assessing risk, safety monitoring and management

- During our inspection we saw that not all important information was included in one person's health passport. This could potentially put other people at risk. We raised this with the manager who immediately updated the person's health passport.
- Following our inspection, the provider informed us they removed this information from the person's health passport due to its sensitivity. However, further review is required of the health passport or risk assessment to minimise the identified risks to the person and to people around them.
- We found some gaps in health and safety records. We brought this to the manager's attention and they carried out all outstanding health and safety checks during our inspection.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed their safety well.
- All restrictions of people's freedom were documented, monitored and triggered a review of the person's support plan.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "I love it here, it's great here." Another person told us, "I like the staff, there are good staff working here." One person's relative told us, "He's there for his own safety, it's safe there. He's got his mates there."

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had received training on how to recognise and report abuse and they knew how to apply it. A member of staff told us, "If I witnessed any abuse, this would be reported straight away."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Staffing and recruitment

- Staff were recruited safely. Staff records included all required information to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.
- Staff told us they were enough of them to support people effectively. A member of staff told us, "Staffing levels are good, we have quite a lot of staff. 7 a day is perfect for the home."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to receive visitors when they wanted in line with government guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and near misses which helped keep people safe.
- When things went wrong, staff apologised and gave people honest information and suitable support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.
- Staff told us they felt supported by the manager and the divisional manager. A member of staff told us, "I think the current management is much better. It has been picking up, we had a rift in supervision but now we see more of them. We can go to the office and talk if we feel we need to."

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. Where people experienced weight loss they were referred to a dietitian to prevent further deterioration.
- People were involved in choosing their food, shopping, and planning their meals. There was an evidence of menu planning taking place every Monday and people confirmed they were involved in menu planning and food shopping.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- People told us they enjoyed their food. One person said, "I like their food, and they know I like pickles." Another person told us, "I like food, especially sausages and mash."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health passports which were used by health and social care professionals to support them in the way they needed. However, one person's health passport did not contain an important piece of information about the person that could put others at risk. We raised this with the manager, and they updated the person's health passport on the day of the inspection.
- People were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

Adapting service, design, decoration to meet people's needs

- The décor of the service was tired, however, the provider planned renovation of the service and involved people in choosing decorations for the service. For example, people chose what they want their new kitchen to look like.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff respected the rights of people with capacity to refuse their medicines. Staff ensured that people with capacity gave their consent to medicines.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere. One person's relative told us, "I have no qualms about the staff, they're all polite and friendly."
- We observed that people received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.

Supporting people to express their views and be involved in making decisions about their care

- People were given time to listen, process information and respond to staff and other professionals.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. People confirmed they were able to make decisions regarding activities or decorating their flats or bedrooms. One person told us, "I am planning to make it yellow and green. I might paint it and put Star Wars wallpaper there."
- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity, and people's privacy was respected. One person told us, "Staff are treating me with dignity and respect."
- Staff were committed to promote dignity and respect. A member of staff told us, "I respect people we support. This comes with confidentiality. For example, we check if people have right clothes on depending on the weather. If not, we take them aside and tell them rather than in an open forum."
- People's relatives praised the service for promoting people's independence. One person's relative told us, "I was happy when he got to Maple Leaf, he gained independence, they've (staff) taught him to dress and shower. They help him pick his clothes, they lay them out on the bed, they're always kind to him".
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as the person went through their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. We saw that activities offered included trips out, going to the cinema, an escape room, a theme park and going bowling. People were involved in activity planning. One person told us, "I like to go to shops, not far from here, down the road." Another person's relative told us, "Staff at the home do a lot with him. He goes to a book club, the theatre, he likes all that, he likes outings."
- Staff ensured adjustments were made so that people could participate in activities of their choice. Some people chose to attend church services and this was accommodated by the provider.
- Staff provided person-centred support with self-care and everyday living skills to people.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for people.

End of life care and support

- There were systems in place to record people's advanced wishes. These included people's choices regarding resuscitation in the event of a cardiac arrest and treatments they would want to have in an emergency.
- Staff told us people's advanced wishes would be respected.
- The service was not supporting people who were on palliative or end of life care at the time of the inspection. The manager said they would work alongside other health professionals if care was needed in this area.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were not always effective. Although prior our inspection the provider produced an action plan and addressed many shortfalls, we found issues relating to record keeping and management of medicines.
- Following our inspection the provider informed us they followed their internal processes to ensure lessons were learnt and prevent recurrence of similar medicines errors.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some people's relatives told us that communication with the service required improvement. One person's relative told us, "I keep phoning the head office and they say they'll get back to me". Another person's relative told us, "Our other concern is that he was diagnosed with a [specific condition], and we weren't told."
- Staff encouraged people to be involved in the development of the service.
- Staff felt involved in running of the service and felt fully supported by the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff felt respected, supported and valued by senior staff which resulted in a positive and improvement-driven culture. Managers set a culture that valued reflection, learning and improvement and they were receptive to challenges and welcomed fresh perspectives. A member of staff told us, "The management has become 10 times better. I was about to leave but I decided to stay." Another member of staff told us, "There is a massive difference in the management. Previously care plans were out-of-date, there were issues with records. She changed everything including daily care, support hours and paperwork. The morale of staff is really high, everyone loves coming to work."
- Managers promoted equality and diversity in all aspects of the running of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Continuous learning and improving care; Working in partnership with others

- The service worked well in partnership with advocacy organisations, other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider produced an action plan and appointed experienced and knowledgeable manager to drive improvements within the service.