

Malvern View (Lydiate) Limited

Maple Leaf Lodge

Inspection report

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Date of inspection visit:
11 August 2016

Date of publication:
13 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 11 August 2016 and was unannounced.

The provider of is registered to provide accommodation for personal care for a maximum of 13 people. There were seven people living at the home on the day of our visit.

At the time of our inspection there was manager in post who had recently been appointed and has since registered with us. This 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.

People told us that they were safe and with staff support they knew who to talk to about any concerns about their safety. Staff knew the steps to take to reduce the risk of harm or abuse for people. Staff were confident they would protect people and immediately report any concerns to management. People's risks that related to their safe care and treatment had been looked at and reviewed so all staff knew what they needed to do to help minimise those risks.

People were supported by staff being available at the times they wanted support. We saw that staff responded to people as needed and told us they had time to support people as required. People had been asked about the level of help they needed with their medicines and staff provided people with support and recorded when they had received them.

Staff were confident about how to care for people and that their training and support provided them with the skills needed. All staff told us they felt supported by the management team to carry out their roles effectively. Staff listened and respected people's decisions about their care and treatment. Staff showed they listened and responded to people's choice to choose or refuse care.

People's nutritional needs were met and they had choice in most meals they wanted. People saw other health professionals when needed to support and maintain their health and wellbeing.

People told us they liked living at the home and that staff were friendly and kind. People told us that staff made sure they remained independent and were encouraged to be involved in their care. They knew the staff well and felt they had developed positive relationships with them. Staff were considerate when talking about people and knew it was important to maintain a person's privacy and dignity.

Improvements were needed to ensure communication with people was right for them. Activities available to people within their home needed to be reviewed and focus on people's interests and skills. Staff had also been involved to support people when their needs changed and continue to provide care that met people's needs. The manager was available, approachable and known by people who were confident to raise their

concerns. Staff were also supportive to raise any concerns of behalf of people.

The recent change in the management structure will need to demonstrate that people continue to receive care that meets their needs. People knew the management team and felt involved in their home. The management team had kept their knowledge current and the provider ensured regular checks were completed to monitor the quality of the care that people received and looked at where improvements may be needed.

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 were supported by sufficient numbers of staff to meet their care and welfare needs in a timely way. People felt safe and looked after by staff. People's risk had been considered and had received their medicines when needed.

Is the service effective?

Good ●

The service was effective.

People's consent had been obtained and recorded. People's dietary needs had been assessed and they had a choice about what they ate. Staff had received training and support to understand people. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. When staff provided care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

There were areas that needed to be improved to ensure that people received person centred care.

People were supported by staff or relatives to raise any comments or concerns with staff.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

People and staff were complimentary about the overall service

and had their views listened to.

The registered manager had only been in post since September 2016 and will need time to show how people's experience of living at the home are reviewed and responded to.□

Maple Leaf Lodge

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 6 August 2014. Following this inspection an overall rating of 'Good' was given, with the 'Safe' question rated as 'Requires Improvement'.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 August 2016. The inspection team consisted of one inspector, a specialist advisor who was a consultant clinical psychologist and an expert by experience who had experience of using a service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also received information of concern from other agencies in relation to people's care.

During the inspection, we spoke with five people who lived at the home. We spoke with two staff, the deputy manager, a positive behavioural support lead and the manager.

We looked at two records about people's care, medicine records, medicine audits, care plan audits, falls and incidents reports, internal investigation report and an independent consultant's report.

Is the service safe?

Our findings

At the last inspection in August 2015 we found the environment required improvements. During this visit we saw that improvements had been made. For example, the kitchen had been refurbished and internal decoration of the communal areas had been completed.

People told us they would talk to staff if they had any concerns about their safety and said that their home was secure. Each person room had keys to their bedroom door if they wanted. People knew where to find the manager in the main office and we saw that two people spent time discussing their worries or concerns during the day. People told us that staff were good at offering guidance and support to help with their expectations or emotions if they were feeling anxious or unhappy about something that had happened. One person said if another person became upset in the lounge the staff supported both them and the person to remain safe.

All staff that we spoke with told us they completed training in how to recognise and respond to potential signs of abuse. Staff knew how to record and report concerns and said that any signs of potential abuse would be recorded and reported immediately. People were further supported as staff had completed incident forms, for example if a person's had been restrained to maintain theirs and others safety. Each incident had then been reviewed by the manager to ensure the correct procedure has been followed or if a change was required to a person care plan. This had identified one person who had an increase of incidents, which resulted in additional staff support for the person. This has had a positive outcome and had reduced their number of incidents.

People we spoke with told us what they needed support with to reduce any risk of harm or injury. These included both physical and emotional risks in and out of the home. People said staff supported them with road safety, what to do to keep safe if they out and about on their own. Staff we spoke with told us about the types of support they offered people with positive encouragement and promoting people to complete tasks. Staff were also seen to keep people safe in daily living tasks. For example, ensuring drinks were not too hot and how to distract and advise a person if they became unsettled or upset.

People we spoke with told us that staff were always available and close by. Where people needed constant staff presence this had been provided with a named member of staff. One person told us how they preferred certain staff members and that the manager had been responsive to their requests. The manager had reviewed staffing numbers and were currently recruiting to ensure consistency of permanent staff were available to meet people's needs and wishes. Agency staff were used to fill any shortfalls in staff and where possible people told us they were the same agency staff.

Three people told us how they were supported with taking their medicines by staff. Where people required medicines they had worked with staff to agree the level of support they would need. For example, one person looked after their medicines and only needed staff assistance when reordering. People's medicines were stored securely and staff had been trained in the administration and management of medicines. Staff competency had been checked through observation of their practice and training. Staff told us they

followed the written guidance if a person required medicines 'when required'. People's medicines records were checked daily by staff to ensure people had their medicines as prescribed.

Is the service effective?

Our findings

All people we spoke with told us the staff knew how to provide the level of support they needed and understood them. One person told us how they felt staff were, "Trained enough to look after me and I do know I need help".

All of the staff we spoke with felt their training reflected the care needs of the people they provided care for. They demonstrated an understanding of people's conditions and how to respond to these. For example, having a good knowledge of a person's sensory needs and the steps to take to prevent distress. We saw that staff used these skills during the day to support people with their emotional well-being and guided people away from certain situations. The provider's recently appointed behavioural support lead had told us about their strategy to support staff with further training focussed on the people living at the home.

We spoke with three staff and they told us that they felt supported in their role and staffing levels and morale had improved over the last two months. There had been meetings held and on the day of the inspection the new manager had held their first staff meeting. In this meeting people's care needs were discussed. Staff said everyone worked well together as a team and this helped them provide effective care and support. Care practices were discussed at supervision and staff told us this also gave them the opportunity to increase their understanding of each person who used the service.

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. Three people we spoke with told how they made their own decisions and were supported to be in control of their choices. Where people required support to make daily choices staff ensured that people were happy with any help or assistance they offered. People were asked for their consent to the support being offered or helped reduce their risks of injury or harm. People said staff offered suggestions and alternatives to ensure they had all the information needed to make their own decisions.

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. The application 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. The manager and staff knew who had a DoL in place and the reasons for the restrictions. These were around keeping people safe. The manager and staff had followed a process to assess a person's capacity and make a best interest decision if needed. People living at the home who had restrictions in place had agreed to these and told us they were aware of the reasons why. For example, the kitchen door was locked and people need staff to access the kitchen, which was done to maintain people's safety.

All people we spoke with told us they enjoyed the food and were able to assist with making their own meals where they wanted. One person said they also enjoyed eating out and take away meals, which they had on

occasion. Three people told us about their favourite meals, snacks and drinks which they had regularly. Two people on the day went out for a meal with staff to the local public house, which they told us they had enjoyed. Staff said about the food people liked, disliked and confirmed who received any specialised diets. Each person was supported individually to have their meals prepared by staff or with assistance from staff if needed. People who were at home for lunch were individually asked what they would like to eat. All staff we spoke knew each person's preferences and if they need guidance and support in relation to a healthy and balanced diet. For example, ensuring people were aware of the sugar content of drinks and the effects this may cause and not having too many take away meals.

Four people told us about who else were involved in their care and support. People had recently had new glasses, visited the dentists and received care from the visiting chiropodist. People had also been supported to maintain a healthy lifestyle, which included attending hospital appointments, meetings with their social workers and consultants.

One person told they attended appointments on their own and another person preferred staff to go with them. Staff helped people with reminders, encouragement and transport to attend any appointments with health professionals as required. Staff told us that they recorded concerns about people's health and would make suggestions for people on what to do. For example, contacting the doctor for an appointment. Where changes were made to people's care and support needs by other health professionals we saw their care records had been updated to reflect this.

Is the service caring?

Our findings

All people we spoke with told us they felt the service was caring and they were looked after. One person said staff were, "Really interested about me", and went on to say how the staff have supported them in a personal goal. People told us that they would speak with staff about their concern or worries. One person told us, "Sometimes I do have bad days and staff do reassure me and make me feel better." We heard people talk with staff, share news about their day and longer term plans.

Staff knew people well during our conversations and had a detailed and personal understanding of each person's individual needs. Staff recognised the contributions people made and valued their individual interests sharing in people's achievements. One person spoke about a particular member of staff and told us they, "Really help me a lot and listen to me" about their future plans. Throughout our inspection people had positive relationships with staff and where needed supported people's wellbeing.

Four people we spoke with told us they were involved in how their care and treatment was delivered and were happy that staff listened to them. Three people said they were independent in their personal care needs, however staff supported them with their emotional support and prompts about how to respond or provide social assistance. One person told us that if they asked for support it was provided, with staff checking how much assistance they wanted. One person showed us their daily routine and told us, "It's more of a guide; I can just choose what I want to do really".

All staff we spoke with felt they helped people with being independent and their dignity. Staff told us they provide positive encouragement for people with their personal care. For example, prompting people when they may need to shower or a change of clothes. One staff member said, "It's about talking to people, knowing them well and what works for them".

People said they had privacy when needed and were able to use their rooms for personal space, and had the choice of locking their doors. One person told us about their choice of personal style and how they preferred to dress and said, "I make choices everyday". Another person told us they regularly checked their care plan so they could get telephone numbers of family or professionals they needed to contact. Three people had mobile phones and we saw they used these to keep in contact with their families. A further person said, "I can ring them (family) when I want and in private in my bedroom".

Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care and support needs. People's personal well-being was supported by staff. Two people told us how they collected their own post and would ask for help only if they wanted it.

People were involved in personalising their home and three proudly showed us their room and said they were decorated and furnished as they had chosen. People were given regular opportunities to discuss topics such as group activities, holidays and when visitors could come into their home.

Is the service responsive?

Our findings

We saw that staff had not always used alternative methods when engaging with people, such as visual clues or prompts. For example, we saw two members of staff trying to redirect a person with verbal prompts without success. The manager intervened and used touch to direct the person successfully, commenting after to staff about how best to support the person. While people had activities displayed on a timetable, these were typed in small print and no alternative ways to display the information had been considered to assist people to use them. When we spoke to the manager about this they agreed that the format for both the menu's and activities could be more inclusive. The language used by staff was not always supportive in valuing people. For example, two people told us the when they were a "good lad" they would get a "treat". These treats often linked to social activity they enjoyed. We also heard staff using these terms throughout the day. The manager agreed that this was not in people's best interest and would be working with staff to improve this.

We saw that some of the items available for people were not used and had not been tailored to meet people's needs. For example, there were children's toys and colouring books and the provider had not sought alternative resources to engage people. One person told us they liked to bake, but had not been given the opportunity to do so as often as they liked. One member of staff said more in-house things to do could be better, especially during the college holidays where people spent more time in the home. The manager told us they would review the in house activities and how they reflected people's interests.

All people were currently happy with how they spent their time out of the house for example, go out for lunch, the cinema and bowling. Where people requested or needed support from staff to leave the home, this was provided. Staff we spoke with told us that people's social activities and outings had improved over the last two months. One staff member told us, "Activities were an issue, but it's getting better". People also had the use of two house vehicles to provide transport. Staff told us over the previous three months periods of low numbers of staff had meant people had not been able to go out as much as they had wanted. The manager told us that staffing numbers now supported people to go out.

People we spoke with were able to tell us how they were involved in the care and were included in reviewing and planning their care and support. Three people told us they spent time with staff to review the care plans and knew they were able to access these when they wanted. These detailed aspects of daily living, health and medical outcomes. Staff were able to provide a detailed history of each person and about the level of support people required. We looked at two care plans and found they were focussed on preventative guides and how to support people to manage their anxiety and redirection. Information was not reflective of positive outcomes or personal goal setting. Further input was being put in place by the provider employing a professional who was planning to work with people and staff to support this.

Staff we spoke with understood people's health conditions and what this meant for them. For example, if a person had certain condition they knew how the person would react to certain situations or requests. Care staff also felt they recognised any changes in people's day to day health needs and would spot any infections or illnesses.

Three people who spoke with us knew they had a particular member of staff that they were linked to. This provided additional support when discussing things such as financial purchases or particular outings. People approached staff, including the manager and spoke about their concerns, worries or plans for the day or longer term. Staff responded with answers to questions, or supportive advice and guidance and listened with interest. Staff were patient where people needed constant reassurance with their concerns. One person told us that when they had complained, "I always get feedback and I have always been happy with the outcome".

Staff we spoke with told us they were happy to raise concerns on people's behalf and that the registered manager would listen. Where complaints had been raised these had been investigated and action taken to resolve the concerns. Staff told us that any changes or improvements from complaints or compliments were discussed at an individual level or at team meetings to share outcomes and any learning. People also spent time in the manager's office where they were welcomed and listened to when speaking with the manager.

Is the service well-led?

Our findings

The manager had recently been appointed as the home manager two weeks prior to the inspection and has since been registered with us. The home has had two previous managers and there has not been a registered manager since October 2015. People told us about the changes in the home and that they wanted the new manager to stay, and were aware that new staff members were starting. Staff felt that prior to the appointment of this person, people's experiences in the home had not always remained the main focus of the provider. People and staff told us that they felt this was a positive change which had improved communication. The manager had identified improvements, for example a new incident review form and monitoring of medicines and people's daily activity levels. These changes need to be embedded and sustained over a period of time to demonstrate that the leadership is stronger and focused on outcomes for people who live there.

All people we spoke with told us they enjoyed living at Maple Leaf Lodge and they were involved in their home. They knew that staff were there when needed to support them and answer any questions they had about their care and support. One person said, "I have my say or what I want to change". People were also asked for their views and regular meetings were held. Three people told us they liked the new manager. One person said the manager would sit and chat and that, "This means a lot to me and shows he cares." and Another person said the manager, "Gets involved with everybody here at the home".

The provider had recently used an external consultant as a way to check how the home was performing and was working with a local authority to ensure that improvements had been made to ensure people had positive experiences living at the home. The manager was now working to ensure that gaps identified from these checks were actioned and recorded. For example, looking to see if care plans had been completed as expected. In addition, the provider regularly visited the service and worked closely with the manager during their induction period.

All of the staff we spoke with told us they worked well together and supported people that lived at the home. The manager and staff were keen to listen and improve people's lives and a team meeting had been held and staff told us they raise concerns or comments about people's care. The manager felt that the whole staffing team were caring and recognised that the aim was to provide high quality care to people. Staff reflected this in conversations with us. One staff said, "Its good support and communication". All staff said the manager had spent time with people, alongside staff.

The manager told us about the support they received in order to understand best practice and knew where and how to access information. They told us their skills and knowledge were supported by news briefings and updates that related to best practice guidance. The manager told us they felt this supported them to be aware of changes and information that was up to date and relevant. The providers shared information and good practice regionally as registered managers from all the provider's other homes met regionally to discuss what had worked well.