

Laycraft Ltd

Maplin House

Inspection report

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Essex
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Tel: 01702297494

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Maplin House on the 3 October 2018.

Maplin House is a residential care home for up to 16 older persons who have some degree of learning disability. They may also have a physical disability and/or dementia. There are currently 12 people using the service. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was administered by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence

through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Maplin 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 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 the 3 October 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we communicated with people. We spoke with the registered manager and staff. We reviewed three care files and medication records, three staff records and quality assurance records. We also reviewed a lot of compliment and letters from professionals the service had received following the inspection.

Is the service safe?

Our findings

People felt safe living at the service. Staff knew how to keep people safe and protect them from safeguarding concerns. One family wrote to the service and said, 'From the moment it was necessary for (relative) to be looked after, everything fell into place without any stress to (relative) or us.' Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition, staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One person wrote a letter of thanks to the staff regarding keeping them safe, saying, 'Thank you very much for your help and for helping me.'

People received care from a consistent staff team including ancillary staff. The service did not use agency staff. The registered manager had an effective recruitment process and staff recruited were suitable for the role they were employed for.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered different areas including; access to the community, managing money, and environmental risks. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. The service had emergency plans in place and this included guidance to staff on fire evacuation procedures. Staff knew how to raise the alarm if something went wrong. The service had emergency grab bags available which included rain ponchos, silver blankets, high visibility jackets, headlamps and first aid kits.

People were cared for in a safe environment. Infection control was closely monitored, and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the provider had a procedure for the manager to follow for these to be attended to. The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers. They completed 3 monthly audits and staff were trained on infection control during their induction to the service.

People received their medication safely and as prescribed. One professional commented in a letter to the service, 'The work you undertook in ensuring (person's) medication regime was adhered to enabled (person) to live a much more comfortable life, with minimal medical intervention and (person's) general wellbeing is much improved as a result of the care you provided.' The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication administration records including as required medication needed clearer instruction. The registered manager addressed this immediately during our inspection. Medication was stored safely and securely. Staff who had received training in medication administration administered the medication to people. People told us that staff supported them to take their medicines and that they jointly signed for their medication with staff.

Is the service effective?

Our findings

People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. Staff we spoke with felt that they were well supported with training and were supported to obtain the skills they needed to provide good care. New staff were given a full induction into the service and all staff received regular supervision and had a yearly appraisal. However, training did not always take place at required frequency, the registered manager was aware and working on this. They now have a new training plan in place to monitor staff training requirements. One relative wrote, '(Relative) was so well looked after and always commented on all personal attention (relative) received.'

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions, even if these could be perceived as unwise. One relative wrote, 'Thank you for all the thought and hard work you put in.' The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS and had a good understanding of the Act. We saw assessments of people's capacity in care records this told us people's rights were being protected. Where people lacked capacity to manage their own finances we saw the registered manager was working with people's appointees to ensure their finances were protected. There was one person's DoLS we had not been notified of, the provider assured us that this would be completed as a matter of priority.

People had enough to eat and drink. People had choice over what they wanted to eat, and drink and where people required support, this was always provided. People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs, Chiropodists and aromatherapies. The registered manager told us people were supported to attend health appointments. One professional noted in a letter, 'With support (people) accessed their community, and cooperated with specialist appointments to provide them with vital medical care.'

The environment was appropriately designed and adapted to support people. The registered manager told us that the provider completed minor repairs as needed and there was a maintenance log. They also told us that they would complete a further plan of scheduled decoration work that will take place in the service.

Is the service caring?

Our findings

Staff continued to provide a very caring environment. Throughout the inspection we saw people and staff had good relationships. One person told us they love it at the service. An emergency services professional wrote to the service following a hospital event and spoke about a staff member that had gone beyond the call of duty to care for a person who needed them, even on their day off and said, 'The devotion to (staff member's) patient and fantastic caring ability should be recognised.'

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need, to know people, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines and maintain their independence.

People felt supported at the service. Staff demonstrated a good knowledge of people's individual support needs. People had residents meeting and although these weren't always recorded but people were involved in the service and in their care delivery.

People were treated with dignity and respect and their diverse needs were also supported. We saw that people's privacy was respected and staff treated people with respect. People were supported with their religious needs and there were also fact sheets available about dignity in care. One professional wrote to the service thanking them, following two people coming to live at the service, 'The respect shown. Your patience, understanding and sustained support, I have been told beyond remit, yet necessary for the placement to succeed.'

Is the service responsive?

Our findings

People continued to receive care that was individual and personalised to their needs. We saw from care records that people had person centred care plans in place which were very inclusive of people's views and wishes. This enabled staff to support them in the way they wished to be supported to live full and active lives. Support plans were regularly reviewed so that staff had the most up to date information to support people.

The service remained responsive. The service worked with people changing care needs to ensure they had all the support and care they needed. Pre-assessments and care plans included, where possible people and their families. People's care plans were written in a way that reflected them personally and their needs. One professional wrote in regards to a person that was able to return to independent living, 'Given the levels of support (person) required when we placed (person) with you, it is a testament to your professionalism of the staff and the caring environment.'

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that staff considered people's communication needs and styles.

People enjoyed varied pastimes and engaged in meaningful activities. People were supported to access activities that they enjoyed such as attending day centres, college and volunteering work. People enjoyed going to air shows, carnivals and many other things that personal to them and enriched their daily lives. When people went on outings staff also considered their safety and wellbeing, such as sun protection when they went to the seaside and involved people in the choice of activities. People were supported to celebrate their birthdays and were involved in how they wished to do so.

The service had a complaints process in place that was accessible, and any complaints were dealt with effectively. Complaints were recorded and showed that these had been dealt with promptly and to people's satisfaction. The service also received many compliments, and these are woven through our report.

There was not any end of life care being delivered at the service, however the registered manager told us that they knew how to get support from the GP and palliative care team. People did have recorded in their care plans their final wishes at the end of their life, for example funeral arrangements.

Is the service well-led?

Our findings

The service had a registered manager. 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.

Staff shared the registered manager's vision for the service. People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the registered manager and said they felt they had a good team. Staff had regular handover meetings to discuss people's care and had regular staff meetings to discuss the day to day running of the service. Staff told us the registered manager was approachable and friendly and it was a good place to work. One professional fed back to the service was that a staff member went beyond the call of their role was a credit to themselves and the service. Another professional mentioned the staff and management's empathy, willingness to support in a difficult situation and their generosity in terms of their time and effort to provide person centred support.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service through their interactions with people. The registered manager also gathered feedback on the service through the use of questionnaires and meetings with people. The service worked well other professionals when people required additional support and engaged with all agencies as and when needed.

The service supported people to use technology and there was really good communication in the service. People had mobile phones and other tablet devices to keep in touch and access online platforms or read books. People were part of the community and the service supported people to go to local activities including attending church and volunteering in the community.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety, infection control and care records this information was used as appropriate to continually improve the care people received.