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Malvern House

Inspection report

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Date of inspection visit:
26 January 2017
02 February 2017

Date of publication:
20 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection visit took place on 26 January and 02 February 2017. The first day was unannounced and the second day was announced so that we could meet with the manager and the registered provider.

At the last inspection on 19 and 28 April 2016 we asked the provider to take action to make improvements because we found breaches of legal requirements. This was in relation to risk management, care planning and management and governance of the home. We also found the service had not followed the principles of the Mental Capacity Act 2005 ensuring people's rights were protected.

During our inspection visit on 26 January and 02 February 2017 we found improvements had been made and all breaches were met. However further work was required to embed the changes made to the care records and we have made recommendations about this.

Malvern House is registered to provide care and accommodation for up to eight persons who have a learning disability, mental health needs or autistic spectrum disorder. The home is situated in Heysham close to a number of facilities and amenities. All accommodation at the home is provided on a single room basis and all of the bedrooms have en-suite facilities. At the time of our inspection visit there were four people who lived at the home.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers 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. At our inspection on 26 January and 02 February 2017 the provider informed us that they had appointed a manager for the service and the manager was in the process of applying to become the registered manager.

We spoke with three of the four people who lived at the home. They told us they felt safe and liked the staff who supported them. Comments received included, "I am leaving soon but have enjoyed my time here. They have done a lot for me and I appreciate that." And, "The new manager is very nice and helpful."

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient towards the people in their care.

The three people we spoke with told us they were happy with the variety and choice of meals available to them. We saw snacks and drinks were provided between meals. One person told us staff tried very hard to encourage them to eat a healthy diet.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and

take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Staff spoken with and records seen confirmed training had been provided to enable them to support people in their care. They were knowledgeable about the support needs of people and how they wished their care to be delivered.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. People who lived at the home told us they felt safe and staff were available when they needed them.

The manager and registered provider had completed training to help them understand the principles of the Mental Capacity Act 2005. People's capacity had been assessed however this was not required for each decision about their care and treatment. We have made a recommendation that the registered provider seeks further clarification on the principles of the Mental Capacity Act 2005.

There had been no new staff appointed to work at the home since we last completed a comprehensive inspection of the service in September 2015. We did not identify any concerns about the services recruitment procedures during that inspection.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The service had a complaints procedure which was made available to people on their admission to the home and on display in the hallway. People we spoke with told us they were happy and had no complaints at present.

We found medication procedures at the home were safe. Medicines were safely kept with appropriate arrangements for storing in place.

We found systems and procedures were in place to monitor and assess the quality of their service. These included seeking views of people they support through resident meetings and annual satisfaction surveys.

Although the service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Although the service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Although the service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Requires Improvement ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Although the service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time.

Malvern 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.

This inspection visit took place over two days on 26 January 2017 which was unannounced and 2 February which was announced.

The inspection team consisted of an adult social care inspector and an adult social care inspection manager.

Before our inspection on 26 January 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. We spoke with the local authority and was informed that a number of safeguarding referrals had been received by them since our last inspection. These had been investigated by their safeguarding team. The registered provider was aware of the safeguarding referrals and had cooperated with the safeguarding team during their investigations.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included three people who lived at the home, the registered provider, the manager and one staff member. We also observed care practices to ensure people were supported safely. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of three people, the services training matrix, supervision records of two staff, arrangements for meal provision, records relating to the management of the home and the medicines records of two people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

At the focussed inspection carried out in April 2016, we identified risks to people who lived at the home were not consistently managed. We found a referral to an appropriate health professional had not been made for one person who had experienced weight loss. We asked the provider to take action to make improvements and this action had been completed when we undertook our inspection visit.

We looked at the care plans of the four people who lived at the home. We saw following our last inspection a referral had been made to a dietitian for one person who had experienced weight loss. We saw the service had followed the guidance provided by the dietitian and records were kept as instructed. All four people had their food and fluid intake recorded and their weight was being monitored monthly. We saw the person who had experienced weight loss had put weight back on and they had maintained a healthy weight for the past five months.

We saw that where people were at risk of falls, assessments were in place and actions taken reduce the risks. For example, one person was at risk of falling during the night. The person had been provided with a pendant alarm to alert staff should they require assistance. We spoke with the person and they told us they felt assured they could contact staff should there be a need.

We spoke with three people who lived at the home. They told us they felt safe and their rights and dignity were respected. They told us they received safe and appropriate care which was meeting their needs. Comments received included, "I feel safe and well supported. It's all been good for me here, the manager and staff are brilliant." And, "It's alright here. I get on really well with the staff and the new manager they are really nice."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Discussion with the manager and staff member on duty confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. When we undertook this inspection visit a number of safeguarding referrals had been received by the local authority and investigated by their safeguarding team. The service had cooperated with the safeguarding team during their investigations.

We looked around the home and found it was clean, tidy and maintained. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. Staff spoken with and records seen confirmed they had received infection control training. We saw cleaning schedules were completed and audited by the registered manager to ensure hygiene standards at the home were maintained. We spoke with three people who lived at the home who all said they were happy with the standard of hygiene at the home.

We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. Two people who had chosen to remain in their rooms had their call bell close to hand so

they could summon help when they needed to. One person said, "No issues with the staff being available. I like to spend time in my room and they are always popping in to spend time with me."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Legionella checks had been carried out.

We looked at the services duty rota, observed care practices and spoke with three people supported with their care. We found staffing levels were suitable to meet the needs of people who used the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw staff engaged with people they supported in conversation. One person who lived at the home said, "I like the staff and they are there for me when I need them."

There had been no new staff appointed to work at the home since we last completed a comprehensive inspection of the service in September 2015. We did not identify any concerns about the services recruitment procedures during that inspection. We saw the service used one member of staff employed by a recruitment agency on a full time basis. We spoke with one person who lived at the home who told us they knew the agency worker and they were familiar with their needs.

We observed one staff member administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff member informed people they were being given their medicines and where required prompts were given.

During our inspection visit we saw positive evidence that a best interests decision had been taken when one person had refused to take their medication. This medication was important treatment for the person's health condition. The person had capacity to make this decision but it was an unwise decision to refuse their medication. The service arranged a best interests meeting with appropriate professionals. Following the meeting an alternative method of administering the medication was introduced and accepted by the person.

The service had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

Although the service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Our findings

At the focussed inspection carried out in April 2016, we identified one person had lost weight and had not intended to do so. We were also informed the person had not agreed to a referral to an appropriate health professional being made. There was no documentation to evidence the mental capacity of the person had been assessed to ascertain if they were able to make an unwise decision.

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).

Training records seen confirmed the registered provider and the manager of the home had completed training to help them understand the principles of the Mental Capacity Act 2005. The people who lived at the home had been assessed as having capacity to make decisions about their care and treatment. Each care record we reviewed demonstrated the person had been involved in making decisions about their care and treatment and had consented to their plan of care. However it was evident the service had completed additional mental capacity assessments for each decision which was not required.

We recommend the registered provider seeks further clarification on the principles of the Mental Capacity Act 2005.

We found people received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. We also saw three people who had been assessed as having capacity going about the daily routines within the local community. One person told us they liked to go out for their daily paper and then visit the local library.

We spoke with staff members and looked at their training records. This confirmed staff training covered safeguarding, fire safety, health and safety, infection control, equality and diversity and fluids and nutrition. Staff had received learning disability training and were knowledgeable about how to support people who lived with a learning disability. Most staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered provider who encouraged them to discuss their training needs and be open about anything that may be causing them concern. One staff member we spoke with said, "I enjoy working here and feel well supported. I have had access to lot's of

training and I am being supported by the [provider] to enrol for a national care qualification."

Discussion with the manager and three people who lived at the home confirmed the service was aware of people's healthcare conditions and dietary needs. We saw the service had consulted with people through residents meetings and was promoting healthy eating and encouraging people to have a balanced and healthy diet. One person who lived at the home said, " We agreed at a recent residents meeting we would alternate our meals from chips one day to rice or pasta the next. They are trying to encourage healthy eating; I like pasta and rice."

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. The three people we spoke with told us they chose what they wanted which was usually cereals, toast, fruit and drinks. Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. We saw snacks and drinks were offered to people between meals including tea and coffee with biscuits. We saw tea making facilities were available in the dining room for people to make themselves a drink when they wished.

The service didn't work to a set menu and meal choices were discussed and agreed with each person on a daily basis. Choices agreed on the day of our inspection visit included chicken, chips and vegetables followed by rice pudding. The two people we spoke with after lunch told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. Comments received included, "Just had my lunch and enjoyed it." And, "I like the meals."

Following each meal staff had recorded the food and fluid intake for each person. This was so they could monitor that each person received sufficient nutrition and fluids to ensure they remained healthy and hydrated.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. For example one person complaining of discomfort in their arm was supported by a staff member to see their GP. The records showed the cause of the discomfort, the medication prescribed and the support staff needed to provide as the person was required to wear a collar cuff sling during the day only.

Is the service caring?

Our findings

The three people we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, "I like the new manager she is really nice and helpful." And, "They do a lot for me here and I do appreciate it. They look after me and do 100% their best for me."

During our inspection visit we saw staff were caring and treated people with dignity. They were polite and attentive and quick to respond to people who required their assistance. We saw people looked cared for, dressed appropriately and well groomed. Staff we spoke with knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience.

We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge areas. We saw one person going out for their daily outing to the local library and to the newsagent for their daily paper. We observed the manager and staff member on duty enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance.

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with the staff member on duty and they described the importance of promoting each individual's uniqueness. The staff member said, "Each person has their own individual needs and we try our best to make sure these are met."

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "They look after me. It's all been good for me here the manager and staff are brilliant."

We looked at the care records of four people. The plans contained information about people's current needs as well as their wishes and preferences. The notes of one person showed how the service had tried to support the person with health promotion. The person had a specific health condition and cancelled three appointments with a specialist nurse because they didn't feel like attending the appointment. The records showed the service had contacted the person's social worker who had also been unable to persuade the person to attend their healthcare appointment. This showed the service cared about this person's condition.

We saw people had health passports in place. Health passports are documents which promote communication between health professionals and people who cannot always communicate. They contain clear direction as to how to support a person. They can make it easier for them to use health services including their doctor or dentist or when if they have to go to the hospital.

We spoke with the manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families

if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed. When we undertook our inspection visit two people who lived at the home were represented by an advocate and received visits from them.

Is the service responsive?

Our findings

Three people who lived at the home told us they received a service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the manager and staff member on duty undertaking their duties in a timely manner and engaging people they supported in conversation. We saw they could spend time with people making sure their care needs were met.

We spoke with three people who lived at the home. They all told us they were happy and liked the manager and staff who supported them. One person said, "I haven't always been happy here but its alright now. I like the new manager and the staff are nice."

We looked at the care records of four people. We saw from daily notes of one person they had regular contact with family and also received visits from their advocate. We noted daily notes described peoples routines and support they had received. For example the service had responded promptly when the person complained of discomfort to their arm. An appointment had been made with the persons General Practitioner (GP) and they were supported to the appointment by a staff member. Following the appointment medication had been prescribed and we saw from the person's notes they had soon began to feel better.

People told us they were happy with activities provided by the service. One person said, "I like being able to do what I like. I spend time in my room on my computer." Another person said, "I enjoy reading my paper and doing puzzles." The three people we spoke with all said they joined in the group activities organised within the local community. These included attending concerts and going out for a meal. We saw from the minutes of residents meetings views of people were sought about the activities they wanted organised.

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was also on display in the hallway for the attention of people visiting the home. We looked at the complaints folder and saw no complaints had been recorded by the service in 2016. The three people we spoke with told us they had no complaints about the service at the moment. One person said, "I have no issues with anything. The staff are brilliant with me."

Is the service well-led?

Our findings

During our focussed inspection in April 2016 we identified improvements were required to the care records at the home. We found care records were not contemporaneous. For example we saw there were missing entries in the daily records of two people who lived at the home. The lack of accurate and complete care records placed people at risk of care and support that did not meet their needs as information was not available.

During this inspection we looked at care records and found improvements had been made. We noted improvements to the contemporaneous daily notes where appropriate and saw risk assessments were in place and actions identified to reduce the risks. However it was difficult to navigate through care records to demonstrate identified actions were being followed. For example we saw it had been identified one person was to have weekly meetings with the registered provider to help manage how that person was feeling emotionally. We spoke with the person and they told us the meetings had taken place and they had benefitted from them as they now felt, "In a better place." However there was no evidence in the care records to support the meetings had taken place.

We saw reference in care records to holidays that had been organised by the registered provider for people who had lived at the home. We spoke with one person who told us they had enjoyed their holiday and were happy with the arrangements made. However there was no information in the care records to support the breakdown of the costs or that the cost had been agreed.

We returned to the home on a second day to meet with the manager and registered provider to discuss arrangements for maintaining care records. The registered provider explained that weekly meetings had taken place with the person who required emotional support but was unable to locate evidence to support this. The registered provider also told us a breakdown of the costs for the holiday was available but was held separately on the computer system. We were told the costs had been verbally agreed with the people who lived at the home and/or their relatives. The breakdown was forwarded after the inspection and had been signed retrospectively by people who lived at the home and/or relatives to demonstrate that they had agreed to the costs.

We recommend that the service seek advice and guidance from a reputable source, about maintaining accurate and complete care records in respect of each service user.

We found the service had clear lines of responsibility and accountability. The registered provider had appointed a manager to take responsibility for the day to day running of the home since we last inspected the service. The manager shared shifts on the duty rota and worked alongside staff supporting people in their care. The staff member on duty told us they enjoyed working at the home and felt well supported. They told us they usually worked on their own and were happy with the on call arrangements the registered provider had in place to support them. This meant staff had someone they could speak with for advice in the event of an emergency situation happening at the home.

The manager and staff were knowledgeable about the support people in their care required. They were clear about their role and were committed to providing a good standard of care and support to people who lived at the home. People we spoke with said the manager was available and approachable if they needed to speak with them. Throughout the visit we saw people were comfortable and relaxed in the company of the manager and staff member on duty.

We found systems and procedures were in place to monitor and assess the quality of their service. These included seeking views of people they support through resident meetings and annual satisfaction surveys. We looked at the minutes of the last meeting held in January 2017. We saw people who lived at the home had asked the registered provider about the possibility of organising a holiday in Scotland and an outing to Blackpool. People had been asked by the registered provider if they were happy and had any concerns about anything. No negative feedback had been recorded.

The three people we spoke with during our inspection visit confirmed they attended resident meetings and were encouraged to speak up and express their views about the service they received. One person said, "Yes I attend the meetings. They asked if we were happy with our meals and had any issues about anything which I don't. I like my main meal in the evening and they arrange that for me."

We looked at satisfaction surveys which had been completed by people who lived at the home in 2016. These were produced to get the views of how people thought the service was run. They also provided the opportunity for people to suggest ways to improve the running of the service. We saw people said they were happy with the service they received, enjoyed the meals provided, the activities organised by the home and liked the staff who supported them. We noted there were no negative comments recorded.

The manager had completed audits monitoring medication procedures, infection control, health and safety and reviewing care plan records. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Although the service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.