

McLaren House Limited

McLaren House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

McLaren House provides support and nursing care for up to nine people who have mental health needs. At the time of our inspection seven people lived at the home. At our last inspection, in February 2015, the service was rated Good. At this inspection, the service remained Good.

People continued to receive safe care and were supported to take their medicines as prescribed. Staff had received training and any necessary updates in how to protect people from abuse and harm. Risks to people were consistently assessed and guidance was available for staff to follow to ensure they were protected from harm.

People continued to receive effective support from staff who had the skills and knowledge to meet their specific needs. People were enabled to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. People were assisted to access appropriate healthcare support and take a nutritional diet.

The care people received was consistently provided with compassion and kindness. Encouragement for people to express their views and be involved as much as possible in making decisions about their support needs remained apparent. People's diverse needs were recognised and staff enabled people to continue to enjoy the activities and/or hobbies they enjoyed.

The service continued to be responsive and involved people in developing their care plan so that their individual preferences and abilities were known and these were respected by staff. People were able to speak openly with staff and tell them if they were unhappy or wanted to make a complaint.

The service continued to be well-led, including ongoing checks and monitoring of the quality of the service. People and staff highly rated the leadership skills of the registered manager. Arrangements were in place to obtain people's views about the service and some further plans to develop how feedback was sought were in place.

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.

McLaren 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 unannounced comprehensive inspection was completed by one inspector and an expert by experience on 05 June 2017. 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 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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with six people who used the service, one relative, two members of care staff, the deputy manager and registered manager, who was also the provider. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We looked at two people's care records, three medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People told us, "I feel safe and secure here" and "The home is safe". Staff confirmed to us they had received training in safeguarding and confidently described how they would report any concerns they had about abuse. A member of staff said, "I have had training and know people here really well, so would notice any changes in the way they are that needed to be reported or looked into". We observed that staff knew how to support people with any risks to their safety, for example observing and assisting them to prepare their meals safely when using kitchen knives. Care records included information on how to support people to minimise any risks to them and protect them from harm. In addition and to keep people safe, all newly employed staff were subject to all the appropriate recruitment checks, including a check for any criminal records. The provider requested character and past employer's references to help assess the person's suitability to work with the people who used the service.

People felt there were enough staff on duty to provide them with the support they needed, when they needed it. One person said, "I have no worries, there are staff about if I need them". We found that rotas were planned around people's specific needs; for example any health appointments they needed to attend to ensure enough staff were available to support them.

People were happy with how staff supported them with their medicines. One person told us, "I get my medicines on time, three times a day". Guidance for staff in relation to medicines needed on an 'as required' basis was available but were not always specific to the individual. The registered manager agreed to make this guidance more comprehensive and more personalised to the individual. Medicine administration records available demonstrated that people were supported to take their medicines as prescribed.

Is the service effective?

Our findings

People told us that they felt well looked after and that staff were competent. Their comments included, "The staff here do a good job" and "The staff listen to me and look after we me well". Staff told us that they received training that helped maintain their skills and that the provider was supportive of them developing their knowledge further. From our observations it was clear that staff knew how to support people and had the skills and knowledge required to meet their needs.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People told us they were always asked before staff provided them with support and we observed staff asking peoples permission and that they were not unduly restricted. Overall we found that staff had received the appropriate level of training and were, with the exception of one staff member we spoke with, aware of those people using the service that were subject to a DoLS. The registered manager agreed to revisit and review the status of any applications made and/or authorisations received for DoLS with all staff to ensure the whole staff group were fully informed. We observed that staff supported people in line with the principles of MCA.

People we spoke with were very happy with the choice and quality of the meals provided, saying, "At breakfast, lunch and dinner there is a good choice of meal" and "I cook meals I like once a week, I shop for the ingredients and staff help me with the cooking". We saw examples of how people were encouraged to make choices in line with the principles of healthy eating and any specific dietary requirements.

People told us, "I get help to go to all my appointments", "When I wasn't well they [staff] were really good with me" and "I see the dentist and optician when I need to". Staff worked closely with a number of external health care professionals to ensure a multi-disciplinary approach was adopted in relation to people's ongoing health and wellbeing. For example, we saw annual review meetings took place with members of the community mental health team to establish people's progress and ascertain their future goals.

Is the service caring?

Our findings

People told us about the caring and kind approach of the staff supporting them. The comments they made included, "They [staff] are caring and you can talk to them if you have a problem" and "The staff are kind and polite to me". Most of the people using the service had lived at the home for many years and had been supported in the main by the same staff group which had enabled them to establish positive relationships. We observed many friendly interactions and saw that staff were caring towards people.

People were encouraged to express their views and be involved as much as possible in making decisions about support needs. We saw that people were involved in reviewing their care, had signed their care plans and had set out what community activities or opportunities they would like to be involved in. For example, we saw that a variety of day trips were offered to people to attend throughout the year and they were able to choose which ones they preferred and wanted to go out on. We saw that staff supported people in line with their preferences and choices. A staff member said, "We give people choices wherever possible".

People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked, for example by supporting them to cook food that was specific to their culture. People were encouraged to maintain relationships with the people who were important to them family members. A relative told us they were made welcome by staff and that they were able to visit whenever they liked.

People told us that staff respected their privacy and dignity. We observed that staff were keen to protect people's privacy and communicated with people using respectful language and in a dignified manner. There were areas in the home where people could sit quietly away from other people if they chose to or wanted some quiet time alone or with their visitors.

Is the service responsive?

Our findings

People told us they were helped to achieve their goals and staff supported them in line with their wishes. A relative told us, "[Relative's name] is able to join in activities and has been supported to settle in. They [staff] have made efforts to get to know what she likes". We saw that there was a personalised approach to meeting people's needs so that they received support in the way they preferred. We saw that people had been involved in their assessment and developing their care plan so that their individual preferences and abilities were known and recorded. Staff demonstrated they knew people well and gave examples of their particular likes and dislikes. Examples included describing activities people loved, such as drawing or shopping and techniques or distractions staff utilised when people were feeling anxious or fearful.

We found that staff understood how best to support people to access local amenities that met their particular social needs. People were assisted to access as much or as little social and recreational activities as they chose. For example one person using the service was keen on horticulture and accessed local amenities in relation to this as well as helping to tend the garden at the home. Other people were attending local day centres during the week and others had received the support they needed to access employment opportunities that they had identified.

People we spoke with said they could speak openly with staff and tell them if they were unhappy or concerned. No one we spoke with had any concerns or need to raise a complaint. Information about how to make a complaint was displayed for people to refer to. Staff knew how to respond to complaints if they arose and knew their responsibility to respond to any concerns and report them immediately to the registered manager. The provider had received no complaints since our last inspection in February 2015.

Is the service well-led?

Our findings

People spoke positively about the leadership and running of the service. Their comments included, "[Registered managers name] is a good leader" and "The owner [register manager] runs everything really well". Staff told us the home was well managed and that they had a good level of support available to them at all times. We found some variation in the frequency of formal staff supervision existed but saw that measures had been put in place to address these, along with plans to introduce annual appraisals. A staff member said, "[Registered managers name] is accessible and we have a good amount of support from the deputy manager. We discuss and plan for all my training and any updates needed in supervision".

The service had a registered manager who was also the provider. The registered manager/provider was responsible for another two homes in the locality, but was fully supported by the deputy manager who was available in the home during office hours. Staff informed us they had regular contact with the registered manager whom they said came to the home regularly. 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.

We saw that the provider carried out regular checks and audits of the service and that appropriate action was taken where required. This ensured the quality of the service people received was reviewed and any areas for improvement identified and acted upon.

One person said, "I am asked my opinion and can go to house meetings to give my feedback, the staff and manager do listen". The provider ensured arrangements were in place that enabled people to make their views known about the running of the home. We saw meeting minutes and people we spoke with confirmed that regular meetings were planned for them to raise issues and give their views on the services provided. In the Provider Information Return sent to us the provider said they planned to implement questionnaires for both people and their relatives in order to give a clearer view of whether the service is operating effectively.

It is a legal requirement that the overall rating from our last inspection is displayed within the home. We found that the provider had displayed their rating as required.