

Malvern View (Lydiate) Limited

Malvern View

Inspection report

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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 28 November 2017. 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.

There were eight people using the service when we inspected and there was a registered manager in post. 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 and associated Regulations about how the service is run.

People were safe in the home and staff supported people who had no concerns about their safety. People told us they knew staff and felt safe when they were with them and were available to assist and guide them where needed. Staff reported and recorded where a person was at risk of potential abuse and had taken steps to address any concerns with management support if needed.

Where people needed support to reduce their risk of accident or injury these had been identified and recorded in their care plans. This guidance assured staff knew how to respond and make changes or updates as people's risk level changed. Staff were in place for people who needed continual support and there were enough staff for other people living at the home to provide their care and support needs. People medicines were administered and had been recorded when they had received them by staff who had been trained.

Staff were confident in their skills and knowledgeable and their responsibilities to look after people who lived in the home. Staff training had been provided regularly and supervisions helped assess their knowledge and skills to provide care to people they supported.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in making decisions about their care and their consent was appropriately obtained by staff when caring for them. People who could not make decisions for themselves were supported to have a decision in their best interest.

Care plans had record people's needs and wishes and included guidance for staff on how to support people. People were involved in their day to day support with meals preparation with staff. Healthcare appointments were in place for annual reviews or as needed appointment and staff would support a person to attend these with transport.

People had developed good relationships with the staff and were supported with their care needs.

Involvement in people's lives and choices were understood and promoted by the staff team, which also demonstrated how people's dignity and privacy was respected.

People's communication and sensory required review so to ensure that guidance and best practice from other agencies had been explored and utilised. Where guidance had been sought from health professionals, these had been implemented but not consistently followed by staff.

At the inspection on 20 October 2105 we found the service required improvement in leadership and governance. At this inspection we found that the improvement had been made and a new manager had registered in August 2017. However, further improvements are needed to demonstrate continual improvements and how these would make positive changes to how people were supported to live their lives now and in the future.

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 received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet their care and social needs and manage risks.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

Is the service caring?

Good ●

The service was caring.

People were happy that they received care that met their needs, reflected individual preferences and maintained their dignity and respect.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Improvements were needed to support people in communication and sensory needs.

Care plans were in place that showed the care and support people needed.

People who used the service were confident to raise any concerns. These were responded to and action taken if required.

Is the service well-led?

The service was not consistently well-led.

Further improvements were needed to continually identify and action areas for improvement.

People and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

Requires Improvement 

Malvern View

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 was unannounced. Inspection site visit activity started and ended on 28 November 2017. It included observations, speaking with people and staff and reviewing records. The inspection was carried out by one inspector and an expert by experience who had experience of a learning disability services. 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 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the local authorities who are responsible for funding some people's care for information.

We spoke with six people who used the service, four care staff and the deputy manager. We spoke with the registered manager on the telephone after the inspection as they were on annual leave at the time of our visit. We looked at three records about people's care, minutes from staff and people's meetings, complaint and compliments file, incident forms and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

At the inspection on 20 October 2015 we found the service was good. At this inspection we found the service had remained good.

People told us they felt safe living in the home and told us which staff members they would raise concerns with. People knew that staff checked them regularly, such as through the night or were supported to have their own room key. Staff supported people to remain free from the risk of potential abuse and where any incidents happened these had been recorded, reported and reviewed by the registered manager.

The staff followed the provider policies and procedures in place to report any concerns about the people they cared for. Where there had been concerns about a person's safety these had been escalated to the local authority safeguarding team for any potential abuse to be investigated. Staff told us they supported people from potential discrimination and harassment from others. The provider also requested a daily report from the staff if any safeguarding concerns had been raised or reported.

The staff understood how the people they support may be at risk of potential abuse and knew the types and signs to look for. They were clear that reporting any concerns to the registered manager were taken seriously and action taken if needed to further protect or support people. The registered manager had reported potential safeguarding matters to the local authority and sent statutory notifications to us.

People's risks to their health and wellbeing had been recorded and action to protect people from the risk of harm were in place for staff to follow. The PIR stated that people were supported to take positive risk and supported people to have an inclusive life. We saw that people were supported in the home and were able to take part things they enjoyed doing, with staff guidance and support. This included general household tasks such as making drinks or doing the laundry. People had been involved in talking about their own risks to their health which had been regularly reviewed and amended where needed. One person was now happier with their daily plan as they had more control around their choice and had improved their overall anxiety levels.

Staff told us about the recent training they had completed to better support people who have high levels of stress and anxiety which could trigger a physical outcome. The staff told about how slight changes to practice and having a better understanding of why a person may become anxious had improved people's lives. For example, better use of distraction techniques or recognising earlier signs of anxiety. Where medicines were used to assist people with anxiety, guidelines were minimal about why and when to administer them. Staff knew when to use them and there were clear lines of management decision making. These documents need to be updated to reflect the staff knowledge to ensure people remained safe when these medicines were administered.

The number of staff on duty had been able to meet people's health and social needs. Where permanent staff were unavailable the shift were supported with agency staff. The deputy manager stated that where possible the same agency staff were used for consistency and people got to know them. Where people

required one to one supported this had been provided. On the day of the inspection staff were available and responded to people's requests and helped with daily living tasks. The staffing on each shift had been arranged so each shift had one team leader to support staff.

Staff we spoke with told us that the policies and procedures for the home were accessible at all times if they needed to refer to them, which included safeguarding and fire safety. Staff had access to and understood people's Personal Emergency Evacuation Plans (PEEPs) if needed. A PEEP is an individual escape plan for people who may not be able to reach a place of safety unaided in an emergency.

Where people had medicine the staff had guidance in place which they had followed. When staff had administered each person's medicines it was recorded. Team leaders had received training in how to administer medicine and their competencies had been checked by management so they were assured the team leader remained competent to administer medicines.

People's medicines had been reviewed by the local GP and there were examples of where people were changing medicines with a view to improve their quality of life. When people needed medicines when they were out of the home, staff ensured medicines went with the person and when they returned the records were updated to support this. All medicines in the home were securely stored and unused medicines were returned to the pharmacy. The stock levels of medicines had been audited and monitored to reduce over ordering and the amount of medicines stored at the home.

The home was clean and free from clutter on the day of the inspection. People cleaned their rooms and maintained their personal care. We saw that people collected and washed their laundry with support from staff. Staff who prepared food were seen to observe good food hygiene and staff ensured the home overall cleanliness were of a good standard to help reduce the risk of infection.

Is the service effective?

Our findings

At the inspection on 20 October 2015 we found the service was good. At this inspection we found the service had remained good.

People planned their support to achieve the outcomes they wanted and had key staff who worked with them. Staff told how they met with each person monthly to review and make changes to the care plan if needed. The care plans included some areas such as relationships or visiting places of interest.

People experiences of their care and support was from staff that understood how to support people to be able to feel comfortable at home. Staff told us the training received and planned reflected people living at home, for example epilepsy training and distraction techniques. Staff told us they were offered a variety of learning methods such as workbooks and face to face courses to support their skills and knowledge. Staff told us the regular supervision and observations supported them in sharing areas for improvement or what had worked well.

People's breakfast and lunchtimes were planned so people had more of an individual choice on the day. The evening meal was planned and people were supported to make healthy choices. Staff told us that people were involved in the weekly menu planning so each person favourite meal was included. People's meal times were planned around their daily routines, as some people choose a later start to the day. People were able to access the kitchen to make and prepare meals and drinks were able. People were offered or asked for drinks from staff and were supported if needed.

People were also supported to attend appointments for example opticians, dentist and speech and language therapy. People saw their GP as needed and their professional consultants to review their health and care needs. People living at the home had not received any professional advice in relation to sensory needs such as occupational therapy. The deputy manager agreed that people had not recently been reviewed to identify any further potential input.

People we spoke with were proud of their bedrooms and how they had chosen the furnishings and decoration. The communal areas had been identified as needed redecoration and this was in progress with the lounge flooring being replaced, which was planned to be continued throughout the home. People accessed the outside garden area which was secure. People could choose to spend their time in the communal lounge or their bedrooms.

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.

People's care and support plans had been developed in line with the needs and wishes where people were

unable to sign their agreement. Where a person had required support to make a decision in their best interest this had been documented to show who had been involved in the decision made.

All staff we spoke with had received training in and understood the MCA. Staff were clear that all people have the right to make their own decisions, and only if needed were other people involved in those decisions. Staff knew they were not able to make a decision for a person on their own and respected each person's right to choice.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty on the person.

Is the service caring?

Our findings

At the inspection on 20 October 2015 we found the service was good. At this inspection we found the service had remained good.

People were seen to be relaxed and comfortable in their home and two people we spoke with told they were happy living at Malvern View. One person told us, "I do like living here I do". Staff were attentive to people and their request for assistance. People also sought reassurance such as hugging, or verbal reassurance, which staff naturally responded to. People told us they liked the staff and enjoyed their company. One person told us, "The staff are nice people, they are". We saw that staff were patient and kind with people and recognised where a person may like their own space.

We saw the relationship between people who used the service and the staff were positive. We observed staff to be calm, reassuring and responsive to people. Staff were often observed chatting with people, using eye contact and staff helped people to live in a calm and relaxed atmosphere, with times where people were laughing with staff.

People's history and current circumstances were known by staff who were able to tell us the about the people living in the home, how they liked to spend their time and the things people enjoyed doing. Staff we spoke with told us they enjoyed caring for people and all worked as a team to ensure people needs were met.

People communicated with staff to express their day to day requests or needs. We saw staff knew when a person may need some support and were able to provide this when and where required. Where people's families were involved they were supported to visit the family home or have visitors at Malvern View. We saw a number of visits had been planned so people would go and see their family. Where agreed or requested family members had contributed to the planning and making choice in their care.

People told us about the amount of support they needed varied and staff were flexible in ensuring they maintain a level of their independence with their care and support. One person told us how they were mostly independent, however staff were on hand to assist or guide as requested. When we spoke to staff they told us how they respected people's privacy and promoted this on a daily basis.

Staff were careful to respect people's privacy and were able to spend time on their own in their bedrooms and staff were discreet when discussing people's personal care requirements. Confidential information was stored securely, where staff and management had easy access when needed.

Is the service responsive?

Our findings

At the inspection on 20 October 2015 we found the service was good. At this inspection we found the service now requires improvement as ways to communicate with people with sensory needs such as autism and sight impairment was inconsistent.

Some people who lived at the home had limited verbal communication. Staff told us they used body language, facial expressions and gestures as guides to identify how people were feeling. At our inspection we saw there was a lack of consistency in how staff responded and implemented guidance from the involvement of a recent health professional, for example the use of picture cards. The provider had not recently explored or involved other health professional that may have strategies and best practice guidance to enhance and improve people's life experiences in relation to their sensory needs.

The deputy manager told us that people were involved in reviewing their care monthly and any changes would then be made. It was not clear from the records how people who were unable to communicate their needs verbally had been included. One care plan referred to a person having some knowledge in using Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Staff told us they had not been trained in this language and had not used it with this person. One person had recently been reviewed by a speech and language therapist, however not all staff consistently followed this advice.

People we spoke told us that if they had any worries or complaints they would talk to a member of staff, in particular their key worker. The provider's formal complaints process was in place and this had been made available to people. As part of a monthly review the opportunity was taken to ask and reflect on people's experiences and provided an opportunity for people to raise any requests or concerns. The provider had not considered how all people could be supported with additional formats in the complaints process and how they would be supported through the process.

People had things to do in the home during the day and people told us they enjoyed what they were doing. Each person had a plan of what they would be doing for the week; however, these were not always understood by people. For example one person we spoke was able to identify some of the information from the plan but not all activities.

The accessible information standard looks at how the provider identifies and meets the information and communication needs of people with a disability or sensory loss. It relates to keeping an accurate record and where consent is given share this information with others when required. The provider will need to continually demonstrate how they have assured themselves that people's communication needs are met by continual review and how people receive information which they can access and understand with the required support if they need it.

Staff told us that people were supported to attend an activity or trips and lunch out. People's families had been invited to the home or staff had provided transport so that people were able to visit their family

members.

People's care plans showed people's known wishes and choices and had included information from the person's family if this had been agreed. Staff shared information about each person as the shifts changed. Details were recorded in a communication book and diary for the appointments for staff to refer to. People had planned health needs and attended annual health checks or reviews with consultants by staff. Staff told us they supported people at these appointments with information about the person and would then use any outcomes from the meetings to update a person's care, such as changing the way support was offered to reduce a person's anxiety levels, whilst improving their independence.

Is the service well-led?

Our findings

At the inspection on 20 October 2105 we found the service required improvement in leadership and governance. At this inspection we found that the improvement had been made in relation to submitting notifications and having a registered manager in post. .

The provider had systems and processes in place to continually assess and monitor the quality and safety of people's care they received. Examples of audits completed were medicines, infection control, health and safety, care planning documentation and overall quality of care audit. However, the provider's system had not identified that PRN protocols were not in place, how gaps on MAR sheets are identified and actioned, demonstrated how people's communication needs had been reviewed in line with current best practice and guidance or identified and recording people's end of life wishes

The registered manager had contacted other providers in relation to people's sensory needs following our inspection. Developing further partnerships with external stakeholders to support the provider with their goal to provide quality outcomes and services for people would benefit from further development. However, the registered manager will need to ensure the areas for improvements are identified and implemented going forward and demonstrate how any improvements made will be sustained. .

We also saw that when agency staff were on shift were unclear how to support people who became upset and relied on permanent staff to intervene. For example, one person became anxious and spilt their drink. An agency member of staff had not gone to assist the person or help clean the area, which increased pressure on the permanent staff member to resolve the incident. .

Any accidents and incidents were reported on however, the documentation had not systematically and consistently evidenced how each incident and accident has been reviewed by the registered manager. It was therefore not clear how the events were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible.

People had shared their views via a weekly house meeting and had been involved in making decisions about the week ahead, including meals and activities. Staff told us the management team were approachable and listened to their views and experience. They had the opportunity to share these views at staff meetings or as needed. The deputy manager told us they were supported by both the registered manager and staffing team, who worked well together as a team.

The registered manager ensured they had sound working relationships with outside agencies such as the local authorities, the DoLs teams and safeguarding. The registered manager had the opportunity to share and learn from the provider's management meetings which where the provider's other registered manages attended with their experiences.

The registered manager had submitted quality reports to so the provider had been able to review how the service was performing overall and used these to inform and guide their internal monitoring visits.

Notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary.