

Malvern View (Lydiate) Limited

Malvern View

Inspection report

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Date of inspection visit:
06 February 2019

Date of publication:
09 April 2019

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

About the service: Malvern View is a residential home that provides personal care for up to ten people, who may have a learning disability and or mental health difficulties. At the time of our inspection nine people were living at the home.

People's experience of using this service:

- People at the home were not always protected and supported to be safe, as the registered manager and the provider did not have full oversight of the service. There was a lack of systems and processes in place to effectively monitor and improve the quality and safety of support provided.
- Staff did not have guidance to follow in how to best support people whose behaviour may challenge.
- Although people said they received their medicines as prescribed. We found improvements were required in the recording of when people had received their medication.
- People's right to confidentiality was not always respected. We found personal information on display in a communal area of the home.
- People's care plans were currently being reviewed by the registered manager.
- People were supported to enjoy the best health outcomes possible, and staff were supported to do this by the systems the registered manager had put in place to promote good working with other health and social care professionals.
- People were supported in an individualised way that encouraged to remain as independent as possible.
- People were 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.
- People were given the opportunity to have interesting and fun activities to do.
- Systems were in place to take any learning from complaints and to reflect on people's needs and to further improve people's care.
- The registered manager and provider sought suggestions for improving people's care further and suggestions were listened to and acted on.
- 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.

Rating at last inspection: Requires Improvement. The last report for Malvern View was on 27 November 2018 and the report was published 16 February 2018.

Why we inspected: [where relevant: improvement plan at last inspection; incidents or third-party investigations we were aware of at inspection and risks]; scheduled/planned inspection based on previous rating; inspection brought forward due to information of risk or concern;]

Enforcement We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Malvern View

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of two inspectors.

Service and service type:

Malvern View is a residential home for people who may have a learning disability/ dual diagnosis of learning disabilities and mental health.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

The inspection took place on 6 February 2019 and was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, Healthwatch and other professionals who work with the service.

We assessed the 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. We used all this information to plan our inspection.

During the inspection we spoke with two people and one relative to ask about their experience of the care

provided. We spoke with four members of care staff, one senior care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included two people's care records and people's medicine records. We also looked at three staff files around staff recruitment. We also looked at a range of records including staff training, communication and handover information and quality audit records. Information in relation to staff rotas and incident forms were requested following the inspection. We received these in a timely manner.

Is the service safe?

Our findings

At our last inspection in November 2017 in the key question of "Safe" we rated it as "Good" Following this inspection and the concerns found, we have changed the rating to "Requires Improvement."

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely.

- The medicines management was not based on current best practice. For example; we found six missing signatures on people's Medication Admission Records [MAR] charts although we did see people's medication had been dispensed and people had received their medicines. People's protocols for 'as required' medicine had review dates of July 2018. However, there was no evidence the reviews had occurred.
- Staff had received training in medicine management, however following the concerns we raised the registered manager they told us they would investigate and take the necessary action.

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management.

- Risk assessments were in place to reduce the risks to people and for some areas, guidance was provided. However, some areas of risk had not been assessed and guidance for staff how to support people whose behaviour could challenge. The registered manager told us they were currently working on care plans to include this information.
- Some risk assessments were in place for people which identified they required monitoring, for their physical and/or mental health needs. However, although some people were supposed to be supported on a one to one basis it was not always evidenced and recorded.
- Emergency plans were in place to ensure people were supported in the event of a fire.
- The environment had improved since our last inspection.

Staffing and recruitment.

- People and staff, we spoke with felt there was enough staff employed at the home to meet people's needs. We saw staff responded to people's request for support during the day.
- Staff had been recruited safely to ensure they were suitable to work with people.

Preventing and controlling infection.

- Overall the home environment was clean and we saw staff used protective equipment such as gloves and aprons. Although on the day of our inspection there was a malodour present throughout the day.

Learning lessons when things go wrong.

- The registered manager had introduced monitoring forms to identify trends of incidents and accidents. Although it was not always recorded what actions had been taken to prevent further occurrences.

Is the service effective?

Our findings

At our last inspection in November 2017 in the key question of "Effective" we rated it as "Good" Following this inspection and the concerns found we have changed the rating to "Requires Improvement."

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the registered manager had reapplied for authorisations when people's current DoLS had expired.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Where people did not have capacity to make decisions, they were 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. Although staff told us, one person was having their fluids restricted. We were told by staff this was "On the advice of the hospital." However, we could not find any written direction or confirmation to authorise this practice. The registered manager told us, this was a verbal communication but had not been written on any discharge notes from the hospital. They told us they would be holding a Best Interest meeting to discuss this.
- Staff had received training in MCA and consistently asked people for consent to ensure they were able to make daily choices.
- We saw care staff explained to people what they were about to do. For example, when assisting people to mobilise during the day. We saw staff patiently explaining to a person that it was lunch time and they were going to help them to the kitchen to prepare their food.

Staff support: induction, training, skills and experience.

- Although the provider's website stated, "Staff are also trained to understand individual diagnoses, conduct regular checks with other professionals, and thereby recognise early signs of deterioration in an existing condition; this enables additional training or resources to be mobilised." Staff told us, they had not received any training in specific mental health conditions, despite supporting people with these needs.
- Staff told us they had received positive support through supervision. This enabled them to identify further training needs so maintain their skills, knowledge and ongoing development. The registered manager told us, "Staff were in the process of doing more training including "Non-Abusive Psychological and Physical Intervention [NAPPI] training", to ensure staff had the skills to support people whose behaviour may challenge.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking.
- People we spoke with told us they liked the home cooked food. One person told us, "The food is nice."
- They told us they were offered choices for their meals and that if they did not like either choice they could request something else. We noted there was a menu on display in the dining room, but this was for the previous week.
- People were supported to be independent. People ate at their own pace. Some people chose to eat their meals in their bedrooms and this was facilitated.

Adapting service, design, decoration to meet people's needs.

- There were signs around the home to support people to locate different rooms, such as the kitchen, lounge, dining room and bathrooms.

Is the service caring?

Our findings

At our last inspection in November 2017 in the key question of "Caring" we rated it as "Good" Following this inspection and the rating remains "Good."

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Respecting and promoting people's privacy, dignity and independence.

- People were treated respectfully and the staff spoke affectionately about people they supported.
- Staff were aware of how to maintain people's dignity. One staff member said, "I make sure blinds are shut when completing personal care, ask if they [people who lived at the home] agree prior to doing the task, I keep them covered up by wrapping them in a towel".
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were always made welcome and could visit at any time.

Ensuring people are well treated and supported; equality and diversity.

- We observed people were treated with kindness and they were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us "I love it here." One staff member told us, "We treat the Service Users [people who lived at the home] really well. They can get up when they want, it's their own home"

Supporting people to express their views and be involved in making decisions about their care.

- People told us they felt listened to. One person told us they wanted to move into more independent living and had been supported by staff to make the move. They told us, "I have been here a while now, but I wanted a change"
- Where people were unable to communicate their needs and choices staff used their knowledge about the person to understand their way of communicating. We saw the provider had some communication in easy read format to assist people's understanding.

Is the service responsive?

Our findings

At our last inspection in November 2017 in the key question of "Responsive" we rated it as "Good" Following this inspection the rating remains Good.

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff were knowledgeable about people and their needs. The registered manager was in the process of updating people's care plans, making them more detailed and easier to navigate.
- Staff knew how to communicate with people and ensured they used their knowledge about people when giving choices. For example, we saw a telephone in the hallway had photographs of people on it, so making it easier for people to stay in contact with their family and friends.
- Relatives felt the staff were responsive. A relative commented, "They [staff] always keep us informed of any changes. They [staff] are so good, although we live a long way from the home they bring [Person's name] to see us."
- We saw people were offered a range of interesting activities and pastimes. One person told us "I went shopping with [staff name] yesterday to buy a few things I wanted." We heard another person liked and had been out to the local garden centre for lunch.
- People were supported to follow the religion of their choice.

Improving care quality in response to complaints or concerns.

- None of the people we spoke with had ever made a complaint or raised a concern, however they all felt confident that if they did make a complaint it would be dealt with quickly.
- We saw that any complaints had been investigated and addressed providing the complainant with a formal response.
- The complaints procedure was displayed in the home. A comments box was available in the hallway for people, relatives or visitors to record any comments.

End of life care and support.

- Within people's care plans there was information in relation to people's wishes regarding end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- People at the home were not always protected and supported to be safe, as the registered manager and the provider did not have full oversight of the service. There was a lack of systems and processes in place to effectively monitor and improve the quality and safety of support provided. There were ineffective auditing systems in place to identify and mitigate any risks relating to the health, welfare and safety of people who lived at the home. Audits had failed to identify problems for example, with medication administration recording, the lack of guidance for staff to follow in relation to behaviour that challenged, the lack of mental health training for staff and oversight for people's weight monitoring.

- People's right to confidentiality was not always respected. We saw pinned to the noticeboard in the dining room a staff shift handover sheet which contained details about people's individual care support and a person's food and fluid intake chart on view to anyone visiting the home.

This was a breach of Regulation 17: [Good Governance] of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We received mixed responses from the staff we spoke with about how well the home was managed. One staff member told us, "[Registered Manager's name] is the sixth manager I've had since starting here, it can be a nightmare as we just get used to the way one manager works, then they leave, and everything gets changed again by the next manager". Another staff member commented, [Registered manager's name] is really supportive and is always on the end of a phone."

- Staff told us and we saw records to show they had regular team meetings.

- On the day of our visit the registered manager interacted in a relaxed and caring way with people living in the home and was observed to chatting to people and organising activities.

- The registered manager held meetings to review the running of the home with the Area Manager.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility,

- The registered manager had notified CQC of some significant events at the home, such as injuries to people.

- There was effective joint working with other health and social care professionals. For example, the registered manager had put systems in place so people would have the support they needed. These included referrals to the community learning disabilities team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager had sought the views of people living at the home and their relatives through meetings and an annual questionnaire.

Continuous learning and improving care.

- The registered manager told us they were trying a variety of agencies such as the local authority to identify further training opportunities for staff to assist them when supporting people's needs.
- The registered manager told us they had the opportunity to meet with other registered managers to discuss best practice.
- The registered manager told us that during staff supervisions they took the opportunity to discuss the providers policies and procedures with staff to ensure they understood them and so promoted best practice.

Working in partnership with others.

- The registered manager service had good links with the local community and they worked in partnership to improve people's wellbeing. People were encouraged to access the local community for their day to day activities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers quality checking arrangements did not consistently improve and sustain the quality of the experience of people who used the service.