Maison Care Ltd

# Little Paddocks

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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| 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

Little Paddocks is a domiciliary care agency. It provides personal care to people living in four assisted living cottages, and for people in their own houses and flats in the community. It provides a split service to four people who require 24 hour care and support who have a learning disability and /or autistic spectrum disorder. These people live in their own cottages on the site of Little Paddocks in Little Clacton. They occupy the same site as the office and a sister home. It also provides a home care domiciliary service providing personal care predominantly to older people in their own homes. People using the service lived in approximately 21 of their own residential houses and ordinary flats across Clacton on Sea, Colchester and the surrounding areas.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Little Paddocks DCA receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the registered provider was providing support to a total of 25 people across the cottages on site and those people living their own residential homes and flats.

This service has not yet been formally rated as it was registered in December 2016. At this inspection, which was the first for the service we found the service was 'Good'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager had a clear vision about the time staff spent supporting people so they could really focus on giving individualised care and support in a way people wanted it. The feedback we received during the inspection showed that this vision had been achieved, and the service was well led.

Staff had a positive and caring attitude about their jobs. People told us that they were happy with the care and support they received. All the staff we spoke with were happy in their work and proud of the job they do.

People received a safe service from Little Paddocks. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who used the service. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks.

Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding board or the police.

Staff recruitment procedures were safe. The provider had undertaken appropriate safety checks to ensure that only suitable staff were employed to support people in their own home. Staff said they felt supported to undertake their roles. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

Staff managed people's medicines in a safe way and were trained in the safe administration of medicines. People were prompted by staff to take their medicines, but where staff gave people their medicine this was done safely.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's capacity to understand and make decisions for themselves had been completed.

People were supported to have enough to eat and drink. They received support from staff where a need had been identified. People's dietary support needs were understood and met by the staff.

The service supported people to maintain good health. When people's health deteriorated staff made sure they contacted the appropriate professionals so people received effective treatment.

Staff were kind and caring and treated people with dignity and respect. The staff knew the people they cared for as individuals, and had a good rapport with relatives.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical, psychological and emotional needs.

People knew how to make a complaint. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received.

The provider had effective systems in place to monitor the quality of care and support that people received. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. Records for checks on health and safety, and medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people. The registered manager regularly communicated with people, visited them in their homes, or telephoned them to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people. People received a good standard of care and support by a caring and well led service.

## 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 felt safe with the staff. Appropriate checks were completed to ensure staff were safe to work at the service.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time where necessary.

### Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that used the service.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand decisions had been recorded in line with the Act.

People had enough to eat and drink and staff supported people with specialist diets where a need had been identified.

People received support when they were unwell. The care provided by staff helped people to get better.
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### Is the service caring?

Good

The service was caring.

People had good relationships with the staff that supported them. People felt happy and confident in the company of staff.

Staff were caring and friendly, and showed respect to people and protected their dignity.

Staff knew the people they cared for as individuals.

## Is the service responsive?

Good

The service was responsive.

People were involved in their care plans, and their reviews where they were able.

Staff had the time to spend with people, as well as providing personal care.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

## Is the service well-led?

Good

The service was well- led.

Staff felt supported and able to discuss any issues with the registered manager.

The registered manager and homecare service manager regularly visited to speak to people and staff to make sure they were happy.

Quality assurance processes were used to make improvements of the service where a need had been identified.

People and staff were involved in improving the service.

Feedback was sought via regular telephone calls and during quality assurance visits.

The manager understood their responsibilities with regards to the regulations, such as when to send in formal notifications.

# Little Paddocks

**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 was an announced inspection. The provider was given 48 hours' notice of the inspection visit because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people. We also wanted the manager to be available in the office on the day of inspection.

The Inspection site visit activity started on 8th March 2018 and ended on 12th March 2018. It was completed by two inspectors. The inspection went over two days as it was inspected on the same day as a sister service in the same grounds.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

A Provider Information Return (PIR) was requested prior to the inspection. This is a form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We gave the registered provider the opportunity to provide us with some key information about the service, such as what the service does well and any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

We met with four people to gain their views about the service. We were able to observe people in their own homes at the office site and observe staff interaction. We also met with and spoke to five care staff, the office administrator, the homecare service manager, registered manager and the provider. Additional phone calls via telephone were made to people using the homecare service, relatives, staff and healthcare professionals.

During the inspection we looked at a variety of records. These included care records relating to six people, five staff recruitment files and training records. We also viewed other documentation which was relevant to the management of the service. We also spent some time observing the interaction of staff with people.

Good

# Is the service safe?

## Our findings

People received safe care and support from Little Paddocks DCA. When asked if they felt Little Paddocks DCA gave a safe service one relative said, "From the first meeting with them, we knew [relative] would be in safe hands, and indeed over time that proved to be the case as you went above and beyond to expectations on numerous occasions to deliver the care that was promised."

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as facial expressions, bruising or a change in a person's behaviour. They understood that all suspicions of abuse must be reported to the registered manager, or person in charge. Staff understood how to make a referral to an agency, such as the local adult services safeguarding team or police and that they could do this themselves if the need arose.

There were sufficient staff deployed between the four cottages and the homecare service to keep people safe and support the health and welfare needs of people. When people were asked if they thought there were enough staff one person said, "I think there are enough staff. I usually have the same people and they always let me know if they are held up, but that's not often." Staffing levels were calculated to ensure people received care and support when they wanted it, and staff had enough time to care for people without having to rush. Staffing rotas showed that levels of staff over the past four weeks matched with the calculated support levels of the people that used the service in both the homecare section and the four supported cottages. The registered manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care. Twenty four hour care was provided to the people who resided in the four cottages and a separate staff team covered the homecare calls. We saw this was organised very well over two separate rotas.

People were kept safe because the risk of harm from their health and support needs had been assessed. Relatives told us that staff supported their family members to do as much as they were able. Assessments of risk had been carried out in areas such as mobility, nutrition and hydration and challenging behaviour. Measures had been put in place to reduce these risks, such as specialist equipment to help people live independently in their home. For example, one person had specialist wall and floor coverings to reduce the risk of self harm. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home. A relative said, "They came and did an assessment of the house, looking for hazards. They were thorough." Each person had individual risk assessments in their care file and the homecare service manager told us "We have emergency procedures in place and always check people's homes as part of their initial assessment."

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A clear record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Separate records were kept for both the cottages and the homecare service and we saw these were concise and detailed. The

manager told us they promoted learning from incidents so improvements could be made for the wellbeing of the people they cared for.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines in a safe way, and when they needed them. At the time of our visit staff assisted people to take their medicines in the four cottages. A staff member for the homecare service said, "We always check the tablets and the amount to give and I never leave unless I know they have taken it properly as sometimes we just prompt people. The records are all completed properly." Staff that administered or prompted medicines to people, received appropriate training, which was regularly updated. The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been prompted or given their medicines. All medicines were stored and ordered appropriately, so there was no risk of medicines being lost or damaged.

People's care and support would not be compromised in the event of an emergency. The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on staff getting to people. Staff understood their responsibilities in the event these emergencies took place.

Good

# Is the service effective?

## Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. A relative told us they felt the staff were experienced in their jobs, and as a result able to provide effective care and support to their family member. Written feedback received about the service included, "It is almost a year since [relative] moved into their bungalow at The Cottages. The placement was recommended as [relative] has very complex needs. [Relative] has been to various other placements that have not worked out. The professionals felt [relative] was better suited living on their own. Even though there have been a few issues [registered manager] and the team have persevered with [relative] and they look after them extremely well."

We were told about one person who came to the service and would not socialise with their relative as it upset them and they would become aggressive with them. The manager described how they had all worked with the person and now they were able to sit in their garden with their relative unaccompanied for short periods which was excellent progress. They would also now go to hydro pool therapy. Another person who refused to have their hair cut had also had appropriate support and was now able to manage that. This showed that the service worked effectively and positively to improve people's lives.

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Staff had received training in areas to meet the needs of the people they cared for. This included moving and handling, challenging behaviour, first aid, dignity and respect, food hygiene, specialist care courses in areas such as epilepsy, infection control, and medicine administration.

Staff were effectively supported by the management. Staff told us that they felt supported in their work. Staff had regular one to one meetings (supervision) with the registered manager and homecare service manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. We saw supervisions had taken place in accordance with the provider's policy. One staff member told us, "I think it's really important for us to have supervision. I find it very helpful for my development."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the

necessity to act in people's best interests when required. A relative said, "They always give a choice to me." A staff member said, "We know [person] needs to consent to everything so we make sure we take extra time to explain things and what we are doing as they can become anxious."

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. Staff were able to describe the individual requirements of the people they supported. For example, supporting people to help make their own meals, but take into account the person's particular mood on the day that may affect how much they can do for themselves. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. We saw one person who had been on a successful weight management programme and lost weight and their health had improved as a result. Staff involved people in this by asking them what they had eaten and had to drink, and discussed with the person if they needed to eat or drink anymore at that time. Staff understood the signs that people may not be having enough to drink such as changes in peoples output, which may indicate more fluids were required.

People received support to keep them healthy. Where people's health had changed appropriate referrals were made to specialists to help them get better. Staff were able to support people to the GP if they felt unwell, or call the emergency services if they found a person in distress. One healthcare professional said, "They have done an excellent job with [person] and am so pleased they have done so well since their discharge." One person also said, "Thank god for [homecare service manager] and her girls. We were at our wits end and could not ask for a more excellent service."

Good

# Is the service caring?

## Our findings

We had positive feedback about the caring nature of the staff. Written feedback received about the service included, "They all make me feel most welcome when I visit [relative], and always seem enthusiastic in their work. Nothing is ever too much trouble. [Person] appears more contented and settled since living in their own home. Staff were selected wherever possible to match the interests and preferences of people. A staff member said, "I usually support this person as I would be able to get on with them. I think that's why I was asked to work with them." This matched with what people told us and how the registered manager and office staff team worked on the day of our inspection.

People's privacy and dignity was respected. People told us that staff always respected their private space. Staff understood how to protect people's privacy and dignity. They did this by waiting until the person had fully woken up before giving care; asking people what they would like staff to do; and making sure the doors and curtains were closed when giving personal care." Other examples given by staff included the practice of covering up parts of a person when washing to protect their dignity.

Staff were aware of the agency's confidentiality and data protection policy and said they would not talk about people in front of other people and would always discuss peoples care and support where they could not be over heard. This was to ensure that people's confidentially would be retained at all times.

Staff had a caring attitude towards the people they supported. One staff member said, "We are all like family here." Staff were caring and attentive, and took time to get to know the people they cared for. A relative said in some written communication, "We would recommend Maison Care without the slightest hesitation to anyone seeking care to be supplied with dignity, compassion and professionalism. Staff, including the registered manager, knew the people they cared for. The registered manager was able to tell us about people as individuals as well as their medical or support needs, without having to refer to the care records. This knowledgeable and caring nature was repeated when we spoke with the staff.

Staff communicated effectively with people. Staff were able to tell us how they communicated and understood people that may not be verbally able to express their wishes, such as by the use of particular facial expressions or gestures. Feedback from people was positive about the communication skills of the staff employed at the service.

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs as they would be clearly detailed in the individuals care plan. People were given information about their care and support in a manner they could understand. Information was available to people in their home, such as their care plans and daily care records. In addition people had access to the registered manager in the office via telephone and email. There was also an out of hours provision for people to contact in an emergency.

People were supported to be involved in their care as much as possible and as they were able. They had been consulted about how they liked their care undertaken and what mattered to them. Relatives also told us they had been consulted when appropriate regarding care and support their family member would

require. They had also been consulted regarding the time of their visits, the frequency of these and how personal care should be undertaken.

Good

# Is the service responsive?

## Our findings

People's needs had been assessed before they received the service to ensure that their needs could be met. One person said, "The assessment process was very thorough." Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. The provider took care to ensure they could meet people's needs, before they agreed the support package.

People and relatives were involved in their care and support planning. Care plans were based on what people wanted from their care and support. They were written with the person by the registered manager, or homecare service manager. Feedback received from people included, "They asked a lot of questions and I think they have got it right." And another person stated in written communication, "[Registered manager] and [homecare service manager] came to see me and explained everything and I was signed up. All the girls are lovely and very friendly."

Staff explained how they talked with each person, and/or their family and asked what supported they wanted, and what their personal preferences were. Care was flexible and responsive to meet people's needs. Feedback from a relative stated, "I would recommend Maison care to anyone who wants kind and caring carers. Thankyou for sending [carer] to me, an amazing lady."

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. Care plans also addressed areas such as how people communicated, and what staff needed to know to communicate with them. People received support that matched with the preferences recorded in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink and routines for the day. For example, one person could become distressed when people knocked at their door when watching their DVD's. In response to this a notice had been placed on the door to mitigate any disturbance causing anxiety to the person. A review of this had shown that the implementation of this had resulted in no incidents of the person displaying distressed behaviours since September 2017. Care planning and individual risk assessments were regularly reviewed, or if a need arose, such as a change in a person's support needs. People's preferences for end of life care were considered and addressed by staff in a caring and compassionate way. We saw these choices were documented in people's plans of care and at the time of our inspection we were told no one was in receipt of end of life care.

Staff spent time with people to support them with activities and prevent them from getting too lonely, as well as providing personal care. One staff member said, " We try to do as much as we can with them. "One person had their own beach hut and spent a lot of time there. Another person had objects of reference to promote sensory awareness. A third person had a support plan in place to encourage them to spend short periods of time out increasing the time gradually. A relative said, "I am extremely happy with the care and support [person] is continuing to receive from [registered manager] and the team." The registered manager and care staff gave advice to families in response to people's support needs. One relative said, "We have been given advice about mobility aids." This helped make caring for the person easier."

People were supported by staff that listened to and responded to complaints or comments. People said they felt their complaints would be listened too and dealt with. A relative confirmed they knew about the complaints process, but had not felt the need to raise a complaint. There was a complaints policy in place, and people had a copy in their homes. The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission, so people would know who they could contact if they were not satisfied with how the service had dealt with their concern. This had been clearly recorded and responded to in accordance with the provider's complaints policy. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. A large number of compliments about the care provided were also received in the same period of time.

Good

# Is the service well-led?

## Our findings

There was a positive culture within the service, between the people that were supported, the staff and the registered manager. A relative said, "[Registered manager] is a caring and supportive manager and is always on hand should any issues arise even outside of normal office hours and the staff know she's only a call away. They value her support and she also works with the people."

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the service. These covered areas such as health and safety, falls and medicines. These visits also included talking with people and relatives, an inspection of the person's home to make sure people were safe and reviewing of care records.

People and relatives were supported by an organisation with a clear management vision and structure. Staff understood and followed the values of the service. The service statement of purpose stated, 'People are at the heart of everything we do, so choose Maison Care.' Little Paddocks DCA key objectives were to provide a high level of care in a continuous and consistent way. One member of staff said, "We support and treat people as individuals." The registered manager echoed these values and explained how they promoted individuality and were constantly sourcing ways to improve people's lives. For example they had recently incorporated the STOMP (Stopping over medication of people) initiative. This involved looking at themes and involving staff, family support and GP's. As a result the amount of medication people had been originally prescribed had reduced. Additionally incidents of restraint used in the service had reduced in response to reviews done as part of the quality auditing which looked at the triggers of distressed behaviours events. One staff member described how one person could be distracted and using a low voice tone had helped calm them down.

The management and staff strove to continually improve the standard of care and support given to people. The staff emphasised that the registered manager constantly reminded them that when they provide care and support they must take their time and get to know people. Our observations over the course of the inspection and our conversations with people and staff matched with this ethos.

Staff felt supported by the registered manager, and enjoyed their job. Staff told us the, "We have regular communication and the manager is always there for us. You can raise anything with her or the homecare manager. They are very approachable." Another staff member said, "We have staff meetings and I think the communication is very good here." Staff told us the manager had an open door policy and they could approach the manager at any time. Staff felt able to raise any concerns with the registered manager. One healthcare professional told us, "I have always found [registered manager] to be very helpful and responsive.

Records management was very good and showed the service provided clearly. Staff practice was regularly checked to ensure it was of a good standard. Care plans met the recording requirements. For example, key information about people's preferences was recorded clearly in the care plan and documents were all stored confidentially and securely in the service office.

People and relatives were included in how the service was managed. Due to the small size of the service the registered manager sought feedback during telephone conversations or when office staff visited people in their homes. A relative said, "I have completed a questionnaire. They have asked me for feedback via telephone. I had nothing to raise as I have no problems with the care I get." Questions that were asked covered topics such as whether staff were polite and respectful, whether people felt involved in their care planning, and if they knew how to make a complaint if they were unhappy. The feedback was very positive, and people were happy with the care provided by Little Paddocks DCA.

Staff were involved in how the service was run and improving it. Formal team meetings took place, and staff were able to talk to each other and the manager whenever they needed to. Information was regularly shared with the staff team and staff were also able to put ideas forward if they felt the service could improve.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.