

Mrs Flora Rufus Mason

Malvern 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

This inspection visit took place on 31 January 2018 and was announced. Malvern House is registered to provide care and accommodation for up to eight persons who have a learning disability, mental health needs or autistic spectrum disorder. The home is situated in Heysham close to a number of facilities and amenities. All accommodation at the home is provided on a single room basis and all of the bedrooms have en-suite facilities. At the time of our inspection visit there were three people who lived at the home.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 26 January and 02 February 2017 the service was rated Requires Improvement. During the inspection we found improvements had been made and all breaches had been met from our inspection on 19 and 28 April 2016. However further work was required to embed the changes made to care records and for the registered provider to seek further clarification on the principles of the Mental Capacity Act 2005. We made recommendations about this.

At this inspection carried out on 31 January 2018 we have rated the service Good.

We spoke with one person who lived at the home and two people who were staying there on respite care. They all said they were happy, felt safe in the care of staff and were treated with kindness. One person said, "It's been a good experience staying here. The staff have been brilliant with me."

The service had sufficient staffing levels in place to provide support people required. We saw staff showed concern for people's wellbeing and responded quickly when they required their help.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs.

Medication procedures observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

We saw there was an emphasis on promoting dignity, respect and independence for people who lived at the

home. People told us staff treated them as individuals and delivered person centred care. Care plans seen confirmed the service promoted people's independence and involved them in decision making about their care.

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

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People had been 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.

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We saw people who lived at the home had access to healthcare professionals and their healthcare needs had been met.

People who lived at the home told us they enjoyed a variety of activities which were organised for their entertainment. These included external activities in the local community including attending concerts, going for a meal and trips to Blackpool.

People told us staff were very caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by them.

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

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative meetings to seek their views about the service provided.

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.

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

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

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

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

We reviewed infection prevention and control processes and found suitable systems were in place.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received training.

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

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

Is the service caring?

Good 

The service was caring.

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

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

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

Is the service responsive?

Good ●

The service was responsive.

People's end of life wishes had been discussed with them and documented.

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

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

Is the service well-led?

Good ●

The service was well led.

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

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

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

Malvern House

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

Malvern House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home can accommodate eight people in an adapted building. The home has eight single bedrooms with en-suite facilities situated on two floors. Communal space includes two lounges and a dining room located on the ground floor.

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.

Prior to our inspection visit we contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

Before our inspection on 31 January 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received

As part of the inspection 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.

This inspection visit took place on 31 January 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service was a small care home for younger adults who are often out during the day, we needed to be sure someone would be in.

The inspection team consisted of an adult social care inspector.

During the visit we spoke with a range of people about the service. They included three people who lived at the home, the manager and two care workers. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

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

Is the service safe?

Our findings

We asked people living at the home if they felt safe in the care of staff. Feedback was positive with people telling us they had no concerns about their safety. Comments received included, "They are looking after me and I feel very safe. They have been good to me." And, "I get on really well with the staff they have been great with me. I have felt safe during my stay."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered provider and her staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. They were able to describe safeguarding procedures which needed to be followed if they reported concerns to the registered provider. They told us they were confident if they reported concerns to the registered provider these would be dealt with appropriately.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure the support provided was appropriate to keep the person safe. We saw the risk assessment of one person had recently been amended following a review to ensure the person was protected and safe from potential harm.

Risk assessments informed staff of actions to take to support people to maintain their independence safely. For example, whilst accessing the community and undertaking activities. Staff were able to explain the purpose of risk assessments in place and how these enabled risks to be minimised and keep people safe. They told us that if they were concerned that a risk assessment required updating they would discuss this with both the person using the service and the registered provider to ensure people's safety was maintained. This demonstrated to us there were systems in place and staff were knowledgeable to ensure people were supported safely.

We saw evacuation procedures were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We reviewed the services duty rota, observed care practices and spoke with three people supported with their care. We found staffing levels were suitable to meet the needs of people who used the service. We saw the deployment of staff throughout the inspection was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw staff had time to socialise with people in their care. Feedback from people who lived at the home about staffing levels was positive. Comments received included, "Staff are always around if you need them. I have found them very attentive, always asking if I am alright and if I need anything. I get plenty of cups of tea." And, "I like it here because the staff spend a lot of time with us. They have been really good

with me."

There had been no new staff appointed to work at the home since we last inspected the service. We did not identify any concerns about the services recruitment procedures during that inspection.

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

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

We looked around the home and found it was clean, tidy and maintained. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us staff understood their needs and said they were happy with the care and support they received. One person said, "I haven't been here long but have to say the staff have been great. I am getting good support and I am happy with how things are going."

Two people recently admitted to the home for respite care had received a full assessment of their needs before moving into the home. This ensured the service had information about their support needs and they were able to confirm these could be met. Following the assessment the service, in consultation with the person had produced a plan of care for staff to follow. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and maintained. These described support people received and activities they had undertaken. The care plans had been signed by the person consenting to the care and support provided.

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

Discussion with staff and records seen confirmed they received regular supervision. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered provider who encouraged them to discuss their training needs and be open about anything that may be causing them concern. One staff member we spoke with said, "I really am enjoying working here. I have been provided with lot's of training and am completing Health and Social Care level 2. I get so much support from the manager I feel really lucky."

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

The service didn't work to a set menu and meal choices were discussed and agreed with each person on a daily basis. We observed lunch and saw two people eating were provided with their individual meal choices. We saw lunch was a relaxed and social experience with both people talking amongst themselves whilst

eating their meal. Both people were able to eat independently and required no assistance with their meal. The staff did not rush them allowing them sufficient time to eat and enjoy their meal. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

We spoke with both people after lunch. They told us they enjoyed their meals and were happy with the meal choices provided. One person said, "I am really enjoying the meals. We are always provided with a choice and I get plenty to eat."

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

The service shared information with other professional's about people's needs on a need to know basis. For example, when a person visited a hospital a hospital passport had been produced providing information about the persons communication and support needs. This meant other health professionals had information about individuals care needs to ensure the right care or treatment could be provided for them.

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

The service had a refurbishment programme in place and we saw several bedrooms had recently benefitted from redecoration and new furnishings. Accommodation was on two floors. The service didn't have a passenger lift so people with mobility problems could only be accommodated on the ground floor. There were two lounges and a dining on the ground floor. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Is the service caring?

Our findings

People who lived at the home told us they were happy and well cared for. Comments received included, "I am really happy with my care the staff are brilliant." And, "The staff are kind and I am being well looked after."

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

We saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. People told us and we could see for ourselves they enjoyed the attention they received from staff who frequently asked if people were alright and if they needed anything. People we spoke with during our observations told us they received the best possible care.

There had been clear collaboration between the service and people they supported. For example, people's preferences and information about their backgrounds had been recorded. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

The people we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff spoke with people in a respectful way and were kind, caring and patient. We observed they demonstrated compassion towards people in their care and treated them with respect. One person said, "I really like the staff. They have treated me with respect from the minute I arrived here."

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

The three people we spoke with told us staff were responsive to their care needs and were available when they needed them. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner. The people we spoke with said they were happy with their care and the attention they received from staff.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs. These included whether the person required easy read or large print reading.

The service had also considered good practice guidelines when supporting people with their communication needs with healthcare appointments. Community care plans were in place which are documents which promote communication between health professionals and people who cannot always communicate for themselves. These had been completed in easy read and pictorial format to support people with their communication needs.

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

We looked at the care plan of the person who lived at the home on a permanent basis and saw their end of life wishes had been recorded so staff were aware of these. The manager told us the service had not previously provided end of life care. They said if an end of life situation arose they would liaise with healthcare professionals to ensure the person received the appropriate care.

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way in which the home was managed. One person who lived at the home said, "The manager is great."

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

The registered provider had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services medication procedures, care plans, infection control, environment and staffing levels.

We looked at the minutes of a recent residents meeting. We saw issues discussed included activities arranged for the Christmas period. It was documented how excited one person was about the festivities arranged. We saw menu planning had also been discussed along with ideas for future trips and holidays. This showed the service sought the views of people in their care and listened to what they had to say.

Surveys completed by people who lived at the home confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt safe and the home was well managed.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals including G.P's and district nurses.

Since our last inspection the service had maintained improvements they had made and showed consistent good practice. We found risks had been appropriately managed and care plan records were informative about the support people received. Where concerns about people's health had been identified these had been addressed and the outcome documented. We also found the registered provider had sought further clarification on the principles of the Mental Capacity Act 2005 and we found these had been followed. This showed the service had learned from and reacted to concerns raised during previous inspections. We found they had made improvements to drive quality and ensure people in their care were safe.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.