

Laycraft Ltd

Maplin House

Inspection report

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09 March 2016

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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

The Inspection took place on 8 and 9 March 2016 and was unannounced.

Maplin House is registered to provide accommodation and personal care without nursing for up to 16 older persons who have a mild degree of learning disability. They may also be living with a physical disability and/or dementia. There were eight people living in the service on both of the inspection visits.

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 2008 and associated Regulations about how the service is run.

Staff demonstrated a good knowledge of how to protect people from the risk of harm. They had been trained in safeguarding people and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had up to date care plans and risk assessments in place to ensure people were cared for safely. Staff had been safely recruited in sufficient numbers to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

Staff had been well trained and supported to carry out their role. The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People had enough to eat and drink to meet their individual needs and preferences. People's care needs had been assessed and their care plans provided staff with the information needed to meet people's needs and to care for them safely. People's healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when needed.

Staff knew the people they cared for well and they were kind, caring and respectful. They ensured that people's privacy and dignity was maintained at all times. People expressed their views and opinions and they participated in activities of their choosing. People were able to receive their visitors at any time and their families and friends were made to feel welcome. People had access to advocacy services when needed. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People's care and support was provided in a way that ensured their safety and welfare. They received a full assessment of their needs before using the service and care and support plans had been developed using the assessment process. People were confident that their concerns or complaints would be listened to and dealt with appropriately.

There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

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 were protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good and ensured that people received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well trained and supported.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People had enough food and drink to meet their needs and they experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

Staff had built up positive caring relationships with people and knew them well. People were treated respectfully by staff who were kind, caring and thoughtful in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

The assessment and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a good complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff had confidence in the registered manager. They felt well supported and shared the registered manager's vision to provide people with good quality person centred care.

There was an effective quality assurance system in place to monitor the service and to drive improvements.

Maplin House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 8 and 9 March 2016 was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with all of the people living in the service, one of their relatives, the registered manager, the deputy manager and three care staff. We reviewed three people's care files, seven staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and compliant records.

Is the service safe?

Our findings

People told us that they felt safe and secure living in Maplin House. They said that the staff protected them from harm and looked after them well. Throughout our inspection visits people were seen to be relaxed, happy and comfortable when in staff presence. There was information about safeguarding people displayed in the staff room and the registered manager and staff demonstrated a good understanding of how to protect people from the risk of harm. Staff were able to describe safeguarding procedures and knew who to contact to ensure that people were kept safe. They had been trained and had updates in their training to refresh their knowledge. One staff member said, "If I had any concerns I would report them to [registered manager's name] or directly to the local authority. I would make sure that the person was safe."

Risks to people's health and safety were well managed. People had risk assessments together with management plans for their mobility, skincare and nutrition. Staff had a good knowledge about people's identified risks and described the actions they would take to keep people safe. This showed that people were supported to take every day risks and to maintain their independence.

Staff knew to call the emergency services if needed. They had been trained in fire safety and first aid and there were fire evacuation plans displayed in the staff room and in both lounges to enable staff to easily access them in the event of a fire. Staff told us and the records confirmed that regular fire drills had been carried out.

People were cared for in a safe environment. The registered manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and there were safety certificates in place. The registered manager and staff carried out minor repairs and decorating and hired contractors for larger work such as for building repairs and repairs to the heating system. All repairs and renewals had been recorded in the service's maintenance log. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

People told us that there was always enough staff on duty to meet their needs. They said, and we saw throughout our inspection visits, that staff responded quickly when needed. One person said, "The staff are always around and they come quickly when I call them." Another person said, "I only ever wait a short while then staff are there to help me. They are all very good." Staffing levels had been consistent over the eight week period checked. This showed that the service had sufficient staff to meet people's assessed needs.

People were supported by suitable staff. The registered manager had a robust recruitment procedure where they had carried out all of the appropriate checks in line with regulatory requirements. For example they had obtained information that included written references and Disclosure and Barring checks (DBS) before staff started work. Staff said the recruitment process was thorough and they had not started work until all the checks had been completed.

People told us that staff were responsible for their medication and that they were 'given it properly'. One person said, "The staff do all my medication and make sure that I take it on time because I would forget if it

was left up to me." Another person said, "They [staff] know when I need my medicine and they make sure that I get it." Staff had access to guidance and information and had a good knowledge of people's medication needs.

We carried out a random check of the medication system and although medication was given safely we found some minor discrepancies on one person's medication administration record. The registered manager took immediate action to rectify this by arranging supervisions and additional training for the staff involved. All other medication administration records had been completed to a good standard and there was information available with the MAR to explain changes to people's medication. We observed a medication round and the staff member administered medication safely and appropriately.

Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. There was a good system in place for ordering, receiving, storing and the disposal of medication. Staff had been trained and had received regular updates to refresh their knowledge. Staff's competency to administer medication had been regularly checked. People received their medication safely as prescribed.

Is the service effective?

Our findings

People were cared for by staff who felt valued and well supported. Staff told us, and the records confirmed that the induction process was good. It included orientation of the building and shadowing a more experienced member of staff until they were confident in their role. Staff told us that they had received supervision and felt well supported by the registered manager. One staff member said, "I get good support, from [registered manager's name] he is in the home every day and always available on the telephone if I need advice." Another staff member said, "I feel that I can go to [registered manager's name] at any time if I have any worries or concerns. He is a very good manager."

Staff had the knowledge and skills to care for people effectively. People told us that they felt the staff were well trained. One person said, "They [staff] are all very nice, they look after me well and know what they have to do to help me." Staff told us, and the records confirmed that they had received training that was relevant to their role. This included specialist training such as for Parkinson's disease and dementia. Staff said their training was good and that it helped and supported them to do their work and to care for people safely. They said that they now did a lot of on-line training which was more convenient for them. One staff member said, "The training on-line is good because I can do it when I have the time such as when I am at home and it is quieter than having to do it at work." Another staff member said, "I think that the training is helpful but I also did my NVQ which was very good and helps me to do the work." People were cared for by well trained staff.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. All of the people living in Maplin House at the time of our inspection were able to make their own decisions therefore there were no MCA or DoLS required. However, staff had been trained and there was information available about the application of MCA and DoLS in the registered manager's office.

The registered manager and staff had a good understanding of how to support people in making decisions. One staff member said, "I know that when people are not able to make decisions for themselves and other people have to make decisions for them, they must be made in their best interests." People told us, and we heard, that staff asked them for their consent before carrying out any actions or tasks such as entering rooms and offering support. This showed that the service were fully aware of how to make decisions for others in line with legislation should they need to.

People were encouraged and supported to have enough food and drink to maintain a healthy balanced diet. People said that the food was to their liking and that there was always plenty of it. One person told us, "I always get a good dinner here; I like vegetables especially carrots and the staff make sure that I get plenty of the food that I like. I can always have more if I want it." Another person said, "The food is very nice." The lunchtime experience was pleasant; people ate their meals independently and they were relaxed, happy and chatting with staff and with each other. People's dietary intake had been recorded and their weight had been monitored to ensure that their nutritional intake kept them healthy.

People told us that they saw a range of healthcare professionals such as the dentist, optician, occupational therapist, chiropodist, district nurses and the doctor. People told us, and the records confirmed that they got the support they needed to help them to remain healthy. The outcomes of healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the support they needed to maintain their health and well-being. A visiting professional told us that the registered manager and staff were very pro-active in asking for their support and guidance to help keep people healthy. Another health and social care professional said, "The registered manager keeps me up to date with any change in people's needs or their state of health. The service has good contacts with local health professionals and is not shy in calling on them as necessary." People's healthcare needs were met.

Is the service caring?

Our findings

People told us that the registered manager and staff were kind, thoughtful and caring. They told us that Maplin House was a good place to live. One person who had been living in the service since 1993 told us that they had been in quite a few care homes in their lifetime and that they were their happiest in Maplin House. They said, "I know I must be hard work because I am 103 years old but the staff are so kind to me, they make sure that I have my face cream, which I use every day. They [staff] dye my hair for me and make it look nice so that I feel better about myself." A visiting relative told us that staff were kind, caring and respectful. There was a lot of banter going on throughout our visits and people were relaxed and cheerful. Staff had clearly built up positive caring relationships with people and we observed caring, respectful interaction between them.

People told us they never felt rushed by staff. They said they were always treated with dignity and respect. We saw people being supported and heard staff speaking with them in a calm, respectful manner and they allowed them the time they needed to carry out any tasks. People told us that staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms.

People told us that they were able to practice their faith. One person said, "I go to church every Wednesday, today I am going in a taxi with [staff's name] and I really enjoy it and look forward to it." Another person said, "The staff support me to go to church every Sunday. They never let me down." The local Vicar and other members of the church had regularly visited the service. People told us that they enjoyed singing with the 'people from the church' and that they looked forward to their visits. People's religious faith was respected and their cultural needs had been met.

Staff supported people to maintain their independence. People told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. We saw one person mobilising around the room using their new self-propelling wheelchair. The person said, "I like to be able to move around freely and this new wheelchair is good as I can wheel myself around." The wheelchair specialist told us that the service encouraged and supported people to remain as independent as possible.

People had been actively involved in making decisions about their care and support. The care files contained good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred. The registered manager and staff knew people's life stories really well and the care plans included information about people's past, their hobbies and their interests. This provided other staff who may not know people so well with sufficient background information to enable them to get to know people better.

People told us that visitors were welcome at any time. One person said, "I have visitors when I want them, my [relative] comes to see me quite often and I look forward to it." A visiting relative told us they were always made to feel welcome and that they were able to visit at a time of their choosing.

Where people did not have family members to support them to have a voice, they had access to advocacy

services. There was advocacy contact details displayed on the noticeboard. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

Some of the people living in Maplin House had lived there since 1993 so pre-admission assessments had been archived. People who had moved into the service more recently had received a full assessment of their needs prior to moving in and together with their families had been fully involved in the assessment and care planning process. One person said, "I have been here a very long time but they [staff] always ask what help I need and if anything has changed. They [staff] make sure that I get all the support that I need." Another person said, "They are always asking me if anything has changed for me. I always tell them if it has."

People's needs had been regularly reassessed to ensure that the service continued to care for them safely and appropriately. The care plans identified people's preferences such as when they preferred to go to bed and how they liked to spend their time. All of the care plans that we viewed had been regularly reviewed and updated to reflect people's changing needs. People told us that when needed the service provided them with suitable equipment such as walking aids and wheelchairs to support their mobility. A health and social care professional told us, "I have placed individuals for both permanent placement and respite and always find the service to be responsive to people's needs."

People told us that staff never rushed or hurried them when supporting them with their personal care. They said that staff responded to their requests quickly when they needed help or support and we saw this in practice throughout our inspection visits. People received a service that was responsive to their needs.

People told us that they participated in activities of their choosing. Each of the people using the service had different interests and hobbies. One person liked to sit in their room and listen to their music, another person preferred the company of others and they enjoyed watching the television and particularly classic films and television programmes. Another person liked to read and collected magazines and books. All of the people using the service told us that they had plenty to do and that they regularly used local shops and services. People were supported to follow their own interests and hobbies as far as they were able to.

People told us that the registered manager and staff asked for their views on a daily basis and we heard and saw this in practice. Staff continuously checked to see that the service they provided suited people's needs. People told us that they had meetings where they had discussed what they wanted to eat and do. They said that the registered manager and staff always checked that they had what they needed. The notes of the meetings showed that each person had the opportunity to discuss their thoughts and feelings about the service they received. This showed that people had been kept actively involved in the way that their care and support was provided.

People knew how to complain and they said they would tell the registered manager or staff if they were not happy about anything. One person said, "I would tell [registered manager's name] if anything was worrying me and I know that they would put it right." Another person said, "They [staff] listen if I tell them anything and I know they will do something about it if I complain." There was a good complaints process in place which described how complaints or concerns would be dealt with and it included the contact details of CQC, the local authority and the Local Government Ombudsman. The complaint records showed that

concerns had been responded to appropriately and that they had been fully considered and resolved. People were confident that their complaints and concerns would be dealt with appropriately.

Is the service well-led?

Our findings

The registered manager has been in post since 2010. They knew people well as they had worked in the service for several years prior to becoming the registered manager. They worked in the service on a daily basis and are available to support staff in the evenings and at weekends. Staff told us that the registered manager was very supportive and was always available when they needed help with anything. The registered manager was on first name terms with everyone living in the service. People spoke fondly of them; they mentioned them by name and said that they saw them every single day. One person said, "[registered manager's name] is a lovely person, he always asks if I am ok and if I need anything. I really like him and all of the staff."

The registered manager had an open door policy where people, their relatives and staff could speak with them when they wanted to. People had confidence in him and they told us that he was approachable and supportive and he responded positively to any requests that they made. Staff told us that they shared the registered manager's vision to provide the people they cared for with good quality person centred care that met their needs. A health and social care professional told us, "The ethos of the staff and the management is about people not place." Staff said that they loved their job and that they felt valued and supported by the registered manager.

The registered manager had clear whistle blowing, safeguarding and complaints procedures in place. Staff told us that they felt confident about implementing the policies. One staff member said, "I think that [registered manager's name] would deal with any issues or concerns properly. They really care about the people who live here and the staff." Another staff member said, "I would follow the policy if I had any concerns and I know that they would be dealt with quickly to keep people safe."

People said that they were actively involved in making decisions about how to improve the service. They told us, and the records confirmed that they had taken part in regular meetings where they had discussed a range of issues which included the food, activities and staffing.

The quality monitoring system was effective. The registered manager told us that they asked people for their views and opinions on a daily basis. They said that if people had any issues or concerns they took immediate action to deal with them. The registered manager told us that their 2016 annual quality assurance review was underway. They said that they had sent questionnaires to other relevant people such as people's relatives, district nurses, GP's and staff for their opinions about the service. Regular audits had taken place such as for health and safety, medication, catering, infection control and health and safety. The results of the audits had been analysed and actions had been taken where required. People told us that they were very happy with the quality of the service.

Regular staff meetings had taken place where a range of issues such as care practices, infection control, cleaning schedules, confidentiality and training had been discussed. Staff told us that although the registered manager provided an agenda for the meetings they always allowed sufficient time for staff to have open honest discussions about their work. They also said that they felt fully involved in how the service

was run. One staff member said, "[registered manager's name] is a good manager they always listen to us and act on our views."

Staff had good communication with each other. There were handovers between each shift and a communication book was in use to record important information. This meant that staff could quickly access information when returning to work after leave to ensure that they had good up to date information to care for people safely. This showed that there was good teamwork and that staff were kept up to date about changes to people's care needs.

Personal records were stored in a locked cupboard in a locked office when not in use but they were accessible to staff, when needed. The registered manager had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.