

## Malvern View (Lydiate) Limited

# Malvern View

### Inspection report

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Date of inspection visit:

12 March 2020

13 March 2020

Date of publication:

07 April 2020

### 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Malvern View is a residential care home providing personal care and support to nine people in the home. The service can support up to ten people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to ten people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

People told us they felt safe with the care and support they received. Relatives also said that people received care that was safe from staff who were knowledgeable and knew people's needs. Staff felt supported and that training was of a good quality and appropriate to the roles they were undertaking. People had a diet that was varied, meeting people's individual nutritional needs and choices. People's needs were met through appropriate levels of staffing ensuring that people received the amount of support agreed through their care packages. There was a clear safeguarding process to ensure people were kept safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care records were person centred and provided staff with detailed information on who they are and how they would like their needs met. People were supported to manage their health and well-being. Where needed there was input from relevant health and social care professionals to support people's needs. People were provided with a range of opportunities to engage in activities both inside the home and local community, which were tailored to meet people's individual needs and interests.

The systems to monitor and review the delivery of care were not always effective and required improvement. This included oversight of the completion of peoples' care records and also of people's medicines. The

provider took action immediately to address our findings and reviewed the governance of the service to ensure procedures were more robust. People, staff and relatives were all positive about the management of the home and the manager's relationship with people living at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 10 April 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Malvern View

## Detailed findings

## Background to this inspection

### The inspection

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

### Inspection team

This inspection was completed by one inspector and one assistant inspector.

### Service and service type

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

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

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person that used the service and a relative about their experience of the care provided. We spoke with five members of staff including the registered manager. We observed how staff provided care and support to people.

We reviewed a range of records. This included three people's care records and multiple medication records. We reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We spoke with two relatives and received feedback from a healthcare professional who has regular contact with the people who live at Malvern View.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We observed that staff were quick to act if they felt that a person was appearing unsafe or uncomfortable. For example, when the environment became too noisy for one person and they started to show signs of anxiety, staff were quick to assist them to a quieter area. This person then told us, "I am kept safe here."
- Staff had knowledge of the steps needed to take to keep people safe. Staff told us they had frequent training on safeguarding people and knew who to contact if they felt people were at risk.
- There were comprehensive systems in place to protect people from abuse. This included good communication with the appropriate professionals, such as the local authority, to ensure people were protected from abuse or discrimination.

Assessing risk, safety monitoring and management

- People had detailed personalised risk assessments which contained the information staff needed to keep people safe and manage risks. Risk assessments were reviewed regularly and contained information from a variety of sources including staff and, where appropriate, external health professionals.
- During the inspection one person became increasingly anxious which increased the risk of behaviours being displayed that could impact upon other people in the home. The registered manager quickly took steps to ensure staff assessed the risk and safely managed the situation so that people remained safe. One staff member said, "We are all really good at being able to react quickly to keep people safe."
- Environmental risks were assessed, monitored and reviewed regularly. Risk assessments included fire safety, storage of hazardous substances, and water temperature monitoring.

Staffing and recruitment

- There were systems and checks to make sure there was a safe recruitment pathway for new employees. This included Disclosure and Barring Service (DBS) checks for new staff before commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in health and social care.
- There were enough staff to meet people's individual needs. Where people required increased support for some aspects of their care, such as one to one staffing, this was provided. Although there was use of agency staff to cover staff absence, only agency staff known to the people in the home were used. Only regular staff worked with people who needed routine and consistency and sometimes the registered manager worked as part of the staff team to ensure consistency was maintained.

Using medicines safely

- People were supported to receive their medicines safely. There were systems in place to administer and

dispose of medicines in line with best practice guidance. However, we did find some discrepancies between what the medicines records told us had been given to people and the amount of medicines in stock. From looking at the care records and speaking with staff we identified this as a recording issue and were assured that people received their medicines safely and as prescribed. Only staff who had appropriate training were able to administer medicines.

- Where people's medicines were prescribed on an 'as required' basis such as epilepsy medication and medicines to manage anxiety, there were detailed protocols in place for staff to follow to ensure people were supported to take these when needed.

#### Preventing and controlling infection

- Staff received training in infection control and food hygiene. There was access and plentiful supply for staff of personal protective equipment such as disposable gloves and aprons, and we observed staff used these consistently when supporting people with their care needs.
- The home was clean and tidy, and staff had delegated housekeeping tasks as part of their daily routines. People were also supported where appropriate to participate in cleaning and domestic tasks to build their independence.

#### Learning lessons when things go wrong

- There were systems in place to identify any incidents or areas for improvements. We saw that risk assessments were kept under review and where needed advice from other sources was sought. For example, records demonstrated staffing levels had been increased to support one person to manage their anxieties and reduce the impact on others in the home. The registered manager said they felt supported by the provider to have flexibility to respond to identified risks.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were detailed and comprehensive and contained information from a variety of sources including information and guidance provided by different health professionals. Care plans covered a range of areas including health, social and emotional needs and the levels of support people required to meet their assessed needs.
- People's care plans and risk assessments included the use of best practice guidance. For example, care plans included care approaches that reflected current best practice from supporting organisations such as BiLD (British Institute of Learning Disabilities).

Staff support: induction, training, skills and experience

- At the last inspection it was identified that staff had not received training in certain aspects of supporting people with their mental health. At this inspection we found improvements had been made. The provider had given staff the opportunity to access a range of appropriate training and resources to support and equip them for their roles.
- Staff spoke positively about the training they received, and one staff member commented, "There is so much training and support. Lots of the training is tailored around individuals, such as behaviour and autism training. It is good."
- There was a comprehensive induction programme for new staff. This meant that new staff had training and additional support as they settled into their roles. However, one member of staff told us they were frustrated there had been a delay in their behaviour management training which meant they could not work alone with certain people in the home. We raised this with the registered manager and they immediately took steps to make this training available as soon as possible.

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

- We saw that mealtimes were relaxed, and some people chose to sit together, whilst other people chose to eat separately. Staff were quick to respond to people's choices. There was a range of food and drink available and meals were tailored to people's choices and identified needs.
- Food options were clearly displayed in the dining area, however where people wanted something different to eat, their choices were respected, and alternatives provided.
- People's care plans included information about any dietary and nutritional needs and what support people needed to eat and drink safely.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to meet and maintain their health care needs. People were able to maintain relevant contact and appointments with a range of different health professionals in a timely manner. For example, one person had experienced an increase in their seizures. The person had been referred for further advice to the epilepsy service who had provided additional training for staff in the administration of rescue medication. Another person was experiencing a mental health episode during our inspection. This made the person appear distressed and anxious. The registered manager contacted the doctor and the person was seen by relevant specialist health professionals later that day.
- A healthcare professional told us, "The staff team are professional, caring and responsive. It has been a positive experience working with them."

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

- People's rooms were personalised and reflected their personalities and interests.
- There was space for people to have free movement around the home

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported by staff to make day-to-day choices about their care and routines. Staff understood the support that individuals needed to make choices. For example, some people needed pictures and objects to help them make choices, where other people could discuss their options with staff. All staff we spoke with felt that it was always important to promote and support choice for people.
- Where people had been assessed as lacking capacity to consent to their care and accommodation, records demonstrated the registered manager made DoLS applications to the local authority.
- Documentation about where best interests' decisions had been made was detailed and reflected the people involved in arriving at the decision. This included relevant health and social care professionals as well as relatives.
- At the last inspection it was found records did not reflect why a person was having the amount of drinks they could have restricted. At this inspection we found improvements had been made and the person's care records reflected that this was done in the person's best interests and with multi agency support.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who knew their needs and had good positive relationships with people. We saw that people were relaxed around the staff supporting them and saw that staff were caring and empathetic in the way they interacted with people.
- One person told us, "All the staff are lovely, I have no worries at all."
- Relatives gave positive feedback about how staff treated their loved ones. One relative said, "Staff are golden." Another relative said, "Staff are almost like friends, they are so caring."
- People received care that was tailored to their individual needs and had the appropriate levels of support that reflected what was in their care records. Throughout the inspection we observed staff had established relationships with people which created a happy and comfortable atmosphere.

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

- One person told us that they felt involved in decisions about their care and support. They said, "I go to reviews and I am able to say what I want." Relatives told us they were involved where needed in decisions about care. One relative said they felt supported by the staff and registered manager at times when key decisions had to be made in their loved one's best interests. They also said that staff took every opportunity, where possible, to involve people in decisions about their care.
- Staff were proactive in ensuring people were supported with their choices. We saw that where people were unable to communicate verbally, time was taken by staff to observe the person's responses to any options offered. Staff told us what signs to look for to indicate if individuals were happy or unhappy. Staff used a range of pictures and objects to communicate choices to people in respect of meal options and activities.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected. We saw where personal care was needed this was carried out in a way that provided the person with dignity and respect. Care plans reflected people's strengths and abilities and provided the information staff needed to provide encouraging support.
- We saw people being supported to carry out tasks in a way that promoted people's independence. For example, one person was carrying out cleaning in their room and taking responsibility for maintaining their own environment. The person, later in the day appeared to take pride with staff in the appearance of their room.
- There was training for staff in equality, diversity and human rights. Staff demonstrated an approach that was non-discriminatory, and we were assured that regardless of people's abilities, race, culture or sexuality,

they would all be treated equally.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans had detailed information about their individual specific care needs. For example, plans included a description of possible behavioural triggers for one person and what actions staff could take to reduce the possibility of any increased anxiety. This included information on the person's communication style and what staff needed to consider when supporting de-escalation of the person's anxieties.
- Staff told us they knew about people's individual needs. Care plans were kept updated and reflected what staff understood to be the current preferences of people. However, some of the daily care records which provided staff and the registered manager with information about how people were on a day to day basis were incomplete. We discussed this with the registered manager who told us they would address record keeping at their next staff meeting.
- Relatives felt the staff were responsive. A relative commented, "They [staff] all are on it in terms of responsiveness. I have no doubt that they are really quick as a service to pick up on what needs responding to. I have no worries."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People followed a range of varied activities, including going out in the local community, which were reflective of what staff knew about people's likes and dislikes. One person was being supported to shop for some baby clothes for a family member who had a new baby. After looking on-line at options, the person wanted to look in some local shops and support was arranged to enable this to happen.
- One person told us "I went shopping with [staff name] yesterday to buy a few things I wanted." We heard another person had been out to the local garden centre for lunch.
- People were supported with their religious and cultural needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included detailed information on their individual communication needs and how staff should support them to engage.
- Staff used a variety of methods to communicate with people including the use of pictures, visual aids and

objects of reference, for example a cup for a drink and a coat for going out.

- There was a policy that acknowledged the Accessible Information Standard and provided guidance to staff on effective communication.

Improving care quality in response to complaints or concerns

- Although there had been no recent complaints there was a system in place to ensure that any complaints would be responded to in an appropriate and timely manner.
- People and relatives felt that complaints would be responded to quickly and that the registered manager would action any complaint appropriately.
- The complaints procedure was displayed in the home in an easy read format. A comments box was available in the hallway for people, relatives or visitors to record any comments.

End of life care and support

- No one at the service was receiving end of life support at the time of the inspection. However, details of people's end of life wishes were recorded in people's care records.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection there was a lack of governance and oversight of the service by the registered manager and provider. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good Governance). At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17, but further improvements were still required.

- Improvements had been made to the systems used to monitor and improve people's care. However, the registered manager had not identified the issues we found with some of the daily documentation and had not identified the missing entries in the medicines records. They told us they would review and improve the systems of oversight. They also arranged training on good documentation for staff and refresher medicines training.
- The provider and registered manager had not maintained effective oversight of some staff training and this had meant that staff could not be utilised fully in working with some people at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us that the registered manager was approachable and part of the team. Staff felt involved in the development of the service and supported in their roles with regular supervision.
- The registered manager and staff told us that the focus was to provide the best care to the people that lived at Malvern View. We found that the registered manager and staff felt a sense of pride and achievement in the care and support they provided to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including being open and transparent.
- The registered manager maintained regular contact where appropriate with people's relatives and felt

they had an open and honest dialogue around the care and support provided. Relatives were positive about speaking with the registered manager.

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

- Staff told us that the registered manager was open to staff sharing their knowledge and ideas. They felt that the registered manager always tried their best to drive improvement and their ideas were actioned to improve outcomes for people. Staff felt that the registered manager was open to new ideas for working with individuals.
- A relative told us, "After so long before without a stable management this is really welcome. We have a manager who is knowledgeable and welcoming who is willing to listen."

Working in partnership with others

- The service worked with a variety of different professionals from both health and social care backgrounds. For example, staff had access to specialist epilepsy training and support and specialist behaviour management support.
- The service also had links with the local community and worked with other nationally recognised agencies to improve people's care. For example, the service used resources from the British Institute of Learning Disabilities (BiLD) to help provide evidence-based care.

Continuous learning and improving care

- Staff told us they were encouraged to share their thoughts, ideas and knowledge to improve the care for people living at Malvern View. For example, staff told us that team meetings were used to identify where action was needed for improvement and outcomes for people were monitored and reviewed to see what was working for people and what was not.
- Relatives told us the registered manager was open to change and working in partnership with people to implement improvements. One relative told us how over the years they had offered comfort and support to them in the knowledge that staff had learnt and adapted to manage their loved one's complex needs effectively.
- The provider and registered manager had taken steps to improve since the last inspection and had implemented management stability to drive forward continued improvement and learning.