Malthouse Healthcare Limited

The MaltHouse

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 took place on 13 January 2016. It was carried out by one inspector.

The Malthouse provided residential care for up to 33 older people. There were 29 people living in the home at the time of our visit, some of whom were living with dementia.

There was a registered manager who had been in post for four years. 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.

There were sufficient trained and competent staff to meet people's needs. The home was fully staffed and there was a waiting list of potential staff who had expressed an interest in working in there. Staff were keen and motivated and told us they enjoyed their job.

People felt well cared for and the staff worked well as a team. Staff told us they were able to take time with people and they were taught they were a 24 hour service and there was no need to rush. People told us they were happy with the care they received and they were positive about staff. We saw staff being kind and respectful to people. People and their families told us they felt involved in decisions about their care. People had their privacy and dignity respected.

There were activity organisers seven days a week who were supported by volunteer staff. There was a varied programme of activities which included trips out, social events, crafts and quizzes as well as exercise.

People told us they were safe living in the home and had confidence in the staff. They told us they were enjoyed the food and were offered a choice at mealtimes, relatives were encouraged to join them.

Peoples had personalised care plans which were informative and indicated peoples likes, dislikes and preferences. People were provided with choices about all aspects of care and support they received. Staff were able to talk with us about people and demonstrated to us they knew people as individuals.

There was a clear management structure. The registered manager was supported by a deputy manager who staff told us were supportive and approachable. There were systems in place for monitoring the quality of the service

Staff told us they had access to further training .The home was accredited with the Gold Standard Framework training which a nationally recognised training to ensure people received excellent end of life care. The home had good links with the GP surgery and staff attended their monthly meetings.

There were systems and processes in place to ensure there was good communication with people, their

families and staff.

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

There were sufficient suitably experienced and competent staff.

Medicines were administered and stored correctly.

People had a full assessment which identified any specific risks. There was a care plan which provided guidance how to minimise the risk.

People were at reduced risk from harm and abuse. Staff had received training and were able to tell us how they would recognise abuse and how they would report it.

Is the service effective?

Good

People were cared for by appropriately trained staff. Staff were encouraged to undertake further learning.

People had sufficient food and drink. They were provided with choices.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to healthcare from a range of healthcare professionals.

Is the service caring?

Good

People were cared for by staff who treated them with kindness and respect.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

The home was accredited with Gold Service Framework at a commend status for end of life care.

Is the service responsive?

Good

People had opportunity to engage in a range of social and leisure activities over seven days a week.

People had personalised plans which took into account their likes, dislikes and preferences.

People told us they knew how to raise concerns. There was a complaints policy and complaints were investigated by a member of the management team.

Is the service well-led?

Good

The service was well led. People and staff told us the registered manager was accessible and available.

There were systems in place to monitor the quality of the service and to ensure improvements were on-going.

The MaltHouse

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 13 January 2016; it was carried out by one inspector and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). A PIR 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. At the inspection we asked the provider to tell us anything they thought they did well and any improvements they planned to make.

We spoke with six people and three relatives. We also spoke with nine staff which included the registered manager and the regional manager, as well as the cook and six care workers. We looked at five care records and five staff files. We also spoke with four healthcare professionals and contacted a representative from the local authority. We saw four weeks of the staffing rota, the staff training records and other information about the management of the service.

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

Good

Is the service safe?

Our findings

There were sufficient staff to meet people's needs. One person told us there were always staff available when they needed them. One relative told us they visit at different times of the day and there were always enough staff. The registered manager told us they were fully recruited and that they had a waiting list of nine potential staff interested in working at the home. They did not use agency staff and if the roster needed covered at short notice there was a bank of staff who knew peoples routines and the home. This meant people were supported consistently by people who knew them well. The registered manager told us they had two staff "floating" which meant they were in addition to what was required. This meant when staff took leave, the staff that were floating could cover the shifts. It also meant when there was no one on annual leave there were extra staff available. The home had introduced a key worker system which meant people had additional one to one time with staff. This was supported by the system of having two staff floating.

Staff told us they felt unhurried when supporting people with care needs and they were taught to give people "our undivided attention." For example one member of staff told us that morning one person needed two hours to be supported to get washed and dressed. They told us staff worked as a team to provide care over a 24 hour period and there was no pressure to rush. This was confirmed in the minutes of a staff meeting where we saw staff were encouraged to work at the pace of people they were supporting. The registered manager told us in the mornings, kitchen staff provided people with breakfast which allowed care workers to concentrate on supporting people with their care needs. They reiterated if people needed support with eating and drinking care workers supported them.

Staff were recruited safely. The provider ensured all the necessary checks were carried out prior to the person starting work, for example references were obtained and relevant criminal records checks were completed.

People received their medicines safely. Staff were trained and had a competency assessment to ensure they were safe to administer medicines. Medicines were stored appropriately and at the correct temperatures. There were systems in place to check that medicines had been given to the right person at the right time.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. The registered manager told us they talked with staff at the interview stage about safeguarding and then again on the first day of employment to reiterate good practice. The registered manager had received training from the local authority so that they were able to provide safeguarding training. Staff were aware of whistleblowing procedures. One person told us they felt safe living in the home, they had been living there long term and told us "staff take good care of me and make sure I am kept safe and sound."

People had a full assessment of their needs which included specific risk assessments, such as pressure areas, eating and drinking and mobility. When a risk was identified there was a care plan which provided

guidance to staff how to support the person in such a way as to reduce the risk. For example one person was at risk of choking, staff had referred the person to the Speech and Language Therapy team (SALT) and were following guidance in the care plan to minimise the risk of the person choking. The care plan took into account the persons preferences and how this could be incorporated into a safe eating plan. People who needed support to remain independent with walking had a risk assessment to identify what support they needed to minimise the risks of a fall. For example one person's care plan indicated how many staff were required to support the person at particular times of the day and specified which equipment the person needed. The provider told us that people received a full assessment prior to moving into the home and if any specialist equipment was required it was put into place ready for when they moved in.

As well as individual risk assessments the registered manager undertook environmental risk assessments to ensure that staff and visitors were at reduced risk of harm. For example there was a risk assessment regarding safety of staff carrying disposable razors. The risks of staff carrying them in their pockets had been identified and actions taken to ensure staff carried razors safely.

The home had a maintenance person employed on a full time basis. They were in the home Monday- Friday and were able to deal with general maintenance issues as they arose. One relative told us the maintenance person was "brilliant" they told us about some changes needed in their loved ones room and how it was done promptly, efficiently and in a friendly manner. They also ensured the safety and upkeep of the building. There was a schedule which indicated when contractors conducted relevant checks or if these were carried out by the home.

Good

Is the service effective?

Our findings

People had sufficient food and drink. People had nutritional assessments so that any concerns were identified and if needed a special diet was provided. Staff were able to tell us about peoples dietary needs for example one person was on a diabetic diet and staff understood what food and drink the person was able to have and when. There was list in the kitchen of people's diets and likes and dislikes. The team leader visited the kitchen each day to ensure the cook was kept up to date. People told us the food was very good one person commented "the food is excellent." The cook told us asked people for suggestions when planning the menu. The provider told us people do not pre-order meals, they are presented with sample plates of food each mealtime so "they can order with their eyes and nose." We heard people commented when being shown sample meals how good the food looked and smelt. There was a choice of two meals and if people wanted something different the cook told us they would prepare it. People could have whatever they wanted for breakfast either cooked or uncooked.
The provider told us people's family and friends are encouraged to eat with them to maintain relationships. Relatives told us they ate with their loved ones regularly and the food was excellent.

People received care and support from staff who had the appropriate skills and training. People told us staff were good at their work and they had confidence in them. The registered manager told us they actively encouraged training. Some of the management staff including the team leaders were trained assessors for the Care Certificate and were Moving and Handling trainers.

New staff completed an induction period. This included one day of general administration and time with the registered manager as well some basic training, for example, fire, moving and handling and infection control. This was followed by time to shadow a member of staff, during which they observed. The registered manager told us it was an opportunity for them to get to know people and people to get to know them. Progression through the induction was dependant on each new member of staff. They were continually assessed during the process. One care worker told us it was a two way process and when they needed to repeat an aspect of the training, they were supported with this. Another member of staff told us the induction was "brilliant, really informative."

The next stage of the induction was to do a supervised shift. All new staff were enrolled in the new nationally recognised industry specific Care Certificate. Completion of the Care Certificate was a requirement of completion of the six month probationary period. The competency assessment that the home carried as part of the induction counted as evidence towards the Care Certificate. There were six staff working towards it.

As well as on the job learning, staff undertook completing e-learning. Staff received regular training which the provider considered as essential such as moving and handling, infection control, safeguarding and health and safety. Staff told us they were encouraged and supported to complete additional training for example one member of staff was completing an apprenticeship. Eight staff were being nominated to enrol for a health and social care qualification, at levels two, three and four.

Staff received regular supervision and appraisals in line with the supervision and appraisal policy. We saw sessions were recorded and staff told us they felt supported during their supervision. They told us they could approach their supervisor at any time if they felt they needed additional support. The registered manager told us they also received regular supervision which helped them keep up to date with good practice.

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 by 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)

Staff understood the principles of the MCA and how it applied to their work. Staff were able to explain to us about consent and we saw several examples of staff asking people first before proceeding to assist them. Mental capacity assessments had been completed appropriately. Some people did not have capacity to consent to being in the home and to receive care and support. The registered manager had made the appropriate DoLS applications to the local authority. Two people had been assessed by the local authority and had a DoLs in place. Staff were able to identify who had restrictions and what these were.

People had access to a range of healthcare professionals based on their health and social care needs. The provider told us they encouraged people to maintain links with the community and staff supported people to attend appointments. However if people were unable to access appointments they arranged for professionals to visit for example the chiropodist. There were visits from other healthcare professionals such as, the community mental health team and SALT. One person had a daily visit from the district nursing team. Feedback we received from health and social care professionals was positive with comments such as "they refer people appropriately," "staff are excellent at communicating with us- they liaise all the time." One healthcare professional told us any equipment they recommend for a person is quickly organised.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and compassionate. One person told us "staff are absolutely lovely to me." A relative told us "this place is amazing, I can't speak more highly of it, the staff are lovely." Staff were polite and courteous to people. They used appropriate use of eye contact and body language so that people knew they were being spoken with. Another relative told us staff were "caring, kind and understanding."

One person told us that they enjoyed the "banter "they have with staff and told us staff know me and my humour and we have "fun together." They told us that "all staff are very good but one or two stand out," they told us one of the domestic staff always spoke with them and watered their flowers and they felt they really cared.

One person told us the night staff were excellent and they had got to know them well. They appreciated that staff were respectful of their routines and told us they were always offered a choice of when to go to bed and when to get up. Staff confirmed this, one member of the team told us "we are told not to feel pressured and if someone wants to stay in bed we go with want they want- it's all about what they want." All staff we spoke with were consistent with this approach. This meant the care and support people received was person centred and focussed on their preferences, likes, dislikes and needs.

Staff talked warmly about people and were enthusiastic and motivated about their work. One member of staff told us "I love my job, if I can make people smile – that's what it is all about."

Staff were respectful of people's privacy and dignity. We saw staff knocking before entering peoples rooms and personal care was carried out discreetly. Staff were able to describe to us how they talk with people first and check it is okay with people before supporting them with personal care. One member of staff told us it's really important to offer people choice, for example what clothes to wear. Care plans gave detailed information about peoples preferred daily routines for example how one person needed support with cleaning their teeth.

People and their families had involvement in decisions about their care. The care records indicated that people had been involved in their care plans and had signed to agree to the care which was being provided. One relative told us they were invited to contribute to reviews and was confident they would be listened to. They told us "staff bend over backwards" and gave us an example of deterioration in their loved one and how staff kept them informed and made changes to the care plan so that their loved one received the right care and support. They told us "staff always keep in touch."

The home was awarded accreditation with the Gold Standards Framework in Care Homes and achieved a commend status. This is a nationally recognised award which recognises the high quality of care provided for people at the end of their life. Healthcare professionals told us the end of care life was excellent. They told us the home attended monthly meetings at the GP surgery to ensure that people who were approaching their end of life are identified and the right care and support is provided. One relative told us

their loved one had lived in the home for a number of years and it was their wish to remain in the home at the end of life. They were confident the staff would be "the best people to care" at that stage of their life.

Good

Is the service responsive?

Our findings

People had access to a wide range of social and leisure activities. There were three activity organisers who were on site seven days a week. They were supported by two volunteers. Activities were organised according to people's needs and their preferences. People who were unable to or chose not to engage in group activities were provided with one to one time with an activity organiser. This was separate one to one time which was provided by the key worker system. This could be to go shopping or to sit and talk or read. Staff told us it was led by how the person was and what they wanted to do.

Group activities were varied for example quizzes, crafts, relaxation, Zumba and trips out. The home had a seven seater car which staff told us was used regularly. There were links with the community and people were booked to come into the home to do specific activities. For example on the day we were there, a pottery instructor ran a class. There were also musical entertainers and people came in to do talks. Social evenings were provided for example staff were planning a pantomime which they planned to perform for people and invited guests. Relatives told us they had attended a Christmas mulled wine evening. One relative told us the staff made an "obvious effort, to provide a varied activity programme."

People told us they are able to receive holy communion in the home which was important to them. The provider told us they considered peoples cultural and spiritual needs and would ensure any arrangements were made to meet these needs.

People received personalised care and support based on their individual's preferences, likes and dislikes. Care plans contained detailed information about peoples' preferred daily routines. For example one person liked particular body lotions and a skin cleansing regime which they have always adhered to. Staff were able to talk with us about how they supported the person to continue with their usual routines. Another person's care plan gave guidance to staff about the persons preferred routine of a shower after lunch and a "lie down." People told us staff respected their routines.

People had their care plans reviewed on a monthly basis and they and their relatives were invited to contribute to the review. One relative told they were kept up to date with any changes and asked regularly for their opinion. People had signed to confirm they agreed with the review of their care plan.

Meetings for people and their families took place twice a year and they were an opportunity to provide people with an update on changes within the home. They also gave people an opportunity to be involved in decisions about the home. People had been asked for their views and for suggestions regarding the menu. People were happy with how things were and no further suggestions were made. Feedback was encouraged in a number of ways for example a suggestion box and feedback forms in reception.

There was a complaints policy and complaints were logged and there was an investigation of the complaint. For example on one occasion a relative was unhappy with how an aspect of care was carried out. It was formally investigated and actions were taken to ensure the member of staff received additional supervision and a protocol was written to provide further guidance to staff. The complainant was notified of the

outcome of the investigation and no further action was required.

Good

Is the service well-led?

Our findings

The service was well led. There was a clear management structure which included the registered manager and a deputy manager. They were supported by a regional manager who visited the home at least once a month. There was a team leader on each shift to coordinate the shift, administer medicines and supervise staff to ensure people received the care and support they needed.

The registered manager and deputy manager worked opposite weekends which meant there was always one of them off duty on a Monday and Tuesday. They had made provisions to ensure there was sufficient support on those days and another, member of staff was employed to provide leadership support on those days. There was always a manager on call out of hours.

People told us the home was well managed and were able to tell us who the registered manager was. The registered manager told us one of the management team visit people each day, people verified this and one person told us "there's always a manager around who I can talk to." One relative told us the registered manager had made a real difference to the home and they felt comfortable approaching them. Healthcare professionals told us the service was well led and they had confidence in the management team. They told us there was good communication with both the registered manager and deputy manager.

There was a varied staff team which consisted of: the management team, care staff, coffee assistants, activity organisers, a maintenance person, domestic and kitchen staff and office staff. Staff were clear about their individual roles and responsibilities and told us they worked well as a team. They were friendly and relaxed with each other.

Staff told us the registered manager was approachable and supportive. They told us they were confident about making suggestions and felt they were listened to and their ideas were responded to. For example one member of staff told us they suggested a different type of sling, which was actioned.

There was a system for quality monitoring within the home and there was a schedule of when checks were due. The service was achieving the standards which were set in the quality checks as there were no actions arising as the criteria had been completed. For example the most recent check had been respecting and involving people who use the service, no actions were needed.

Accidents and incidents were reported in accordance with the service policy. There was an accident and incident analysis log which was monitored by the registered manager. The registered manager told us the analysis form ensured there was learning from accidents and incidents. For example one person had an increase in the number of falls in their room. Changes were made to the layout of their room which reduced the incidence of falls.

There was a range of meetings held within the home. For example there were full staff meetings, team leader meetings, activities meetings and meetings for night staff. The provider told us kitchen staff had asked for their own meetings during the appraisal process and this had been actioned.

There was an annual staff survey, the most recent in September 2015, actions from this such as "to organise team leaders to visit kitchen daily to update staff," had been implemented and were ongoing