

Maison Care Ltd

# Little Paddocks

## 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

Little Paddocks provides accommodation, care and support for up to eight people with complex needs including learning disabilities and autism. The premises consist of two large bungalows, with shared gardens. There were four people living in each of the bungalows when we carried out an unannounced inspection on 1 and 6 September 2016.

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.

People and their visitors were complementary about the relaxed atmosphere of the service and welcoming, friendly staff.

Staff knew people well and had developed good relations with people and their relatives. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner. There were sufficient numbers of staff, who were trained and supported to meet the needs of the people who used the service.

People and their relatives felt that the service was providing safe care. Risks to people were assessed and appropriate measures taken to minimise risk, without unnecessarily restricting people's independence. Where restrictive practices were in place to ensure people's safety, the service was aware of the changes to the law regarding the Deprivation of Liberty Safeguards (DoLS). Where needed, appropriate referrals were made to external professionals.

People, and where appropriate their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information to support their physical and mental health needs and their ability to make decisions. People were supported to access a range of educational, work and leisure activities, linked to their personal choice and preferences.

Dietary needs and nutrition were well managed and advice sought from appropriate health professionals as needed. Good working relationships had been developed with external health care professionals. There were appropriate arrangements in place to safely support people with their prescribed medicines. We have made a recommendation to ensure medicines, were stored at the correct temperature.

People their relatives and staff could voice their views and opinions. A complaints procedure was in place and people were asked their views of the service to drive on-going improvements. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. They were committed to using continuous feedback from people as part of their quality assurance system for continued improvement.

## 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.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

The service ensured people's safety, including safe staffing numbers to meet their needs.

People were provided with their medicines when they needed them and in a safe manner.

Medicines were not always stored to ensure their effectiveness.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to identify and meet people's care and support needs.

Staff upheld people's rights and understood the legal requirements in relation of The mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People had been consulted regarding their care and support needs.

People's independence and autonomy and choices about how they lived their daily lives had been promoted and respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social and leisure needs were being met. People were supported to maintain links with the community and access to people who were important to them.

People's care was assessed and reviewed. Changes were recorded to make sure that staff were provided with the most up to date information about how people's needs were met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

### Is the service well-led?

Good ●

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

# Little Paddocks

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 6 September 2016 and was unannounced.

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 information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

As part of our inspection spoke with five people using the service and three people's relatives. We spent time with the registered manager responsible for running the service, operations manager, senior carer and carers.

To help us assess how people's care needs were being met we reviewed three people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People were provided with safe care and support. One person said I, "Feel safe," living at Little paddocks. One relative told us that the service offered people a, "Comfortable, safe, environment." Another told us that they, "Trust the [staff] team."

People's behaviour also showed us that they felt safe. For example, interactions and communication with staff were open and warm. People had no hesitation in checking things with staff. One relative commented that the interactions they had seen between people, staff and management have always been, "Very comfortable."

People were protected from the risk of abuse, bullying and harassment because there were robust systems in place which staff knew about, referred to and followed. Staff had received training and were aware of their responsibilities in identifying and protecting people from abuse. This included their duty to report any concerns which could impact on a person's safety and human rights to senior staff. Where a person had discussed a historic issue with staff that was impacting on their welfare, staff had acted appropriately by reporting it to the relevant authorities. This had enabled the registered manager, working jointly with external agencies, to take action and ensure a good outcome for the person concerned.

People had risks to their health and welfare individually assessed, reviewed and monitored. Staff supported people to keep safe whilst also promoting their independence. The registered manager described how they tried to get the right balance of managing risk to people, and supporting people's freedom and choice. One relative commented how staff were, "Really on top of that," and provided examples of how staff managed this. The information they gave us, reflected the risk assessments in the person's care plan.

Care records included risk assessments which provided staff with guidance on identified risks linked to the person's daily routine and the action to be taken to minimise any risks. These included risk associated with accessing the local community independently, Care staff were aware of people's needs and how to meet them. They spoke about the system in place to instigate new, or update risk assessments, linked to the person's health and lifestyle. For example, in the hot weather, we saw this included assessing people who were at risk of sun burn and taking action to prevent it.

People who were vulnerable as a result of specific medical conditions, such as epilepsy and diabetes, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This included supporting people during epileptic seizures to ensure their safety. Discussions with staff showed that they had read, and retained the information to ensure people received prompt attention. This included their awareness of changes in a person's behaviour which could be an indicator that a seizure was imminent, so they could take appropriate action.

Risks of injury to people were limited because equipment, including electrical equipment, hoists and the lift had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. People and staff

participated in drills so they knew what to do if a fire occurred.

There were procedures in place to deal with any emergencies, including contingency plans should the bungalows be uninhabitable due to unforeseen emergency such as a fire or a flood. Each person had a personal evacuation plan which detailed how they would safely leave the premises and what support would be required.

The premises were well maintained to ensure people were provided with a safe environment. One relative commented on how the service, "Always looks well maintained." During the inspection new front doors were being fitted, and an old shed dismantled which was no longer fit for purpose.

Relatives told us there were enough staff on duty to support people and keep them safe. One relative commented that whenever they telephoned the service, staff answered straight away, and when they visited, "There is always someone there."

The registered manager considered the support needs of people using the service to determine the staffing numbers. Funding arrangements were in place with commissioners of the service, which enabled the service to provide one to one support when needed to ensure their safety. For example where a person had suffered seizures and was at high risk of having some more, an additional member of staff to stayed with them. This enabled them to monitor the person's welfare and take appropriate action. Using this flexible approach also reduced the risk of inappropriate admission to hospital, and reducing stress by enabling the person to be supported in a familiar environment. However if a person did need to go to hospital, arrangements were in place for staff to accompany and continue supporting the person.

Recruitment was carried out safely. Checks were undertaken on staff suitability before they began working in the service. Checks included references, criminal records checks with the Disclosure and Baring Service (DBS), identification and employment history. A staff member confirmed that they were not allowed to work with people until their DBS had come through. This showed that safe systems were in place to ensure all checks had been completed before staff supported vulnerable people.

People's medicines were managed safely. They were stored securely, recorded and administered appropriately. Staff who administered medicines had received training and their competency had been assessed before they worked independently. There were recorded details of how each person liked to receive their medicine and any associated risks. Regular medicines audits were carried out to ensure any potential discrepancies, or staff not following safe practice, were identified quickly and could be acted on. This included additional training and support where required.

Checks were carried out to ensure that medicines were stored at the correct temperature.. However, records showed that medicines were often stored above the manufacturers recommended temperature. The registered manager spoke of the difficulties they had, linked to the hot weather in keeping the room cool.

We recommend the provider takes advice from a reputable source about effective cooling systems to ensure medicines are stored at the correct temperature.

# Is the service effective?

## Our findings

Staff had the skills and knowledge required to provide effective care and support. A relative spoke positively about the skills of the staff, telling us that they, "Currently got an excellent team." Another relative felt that the service must be quiet selective, as all the staff they had contact with were motivated and had a, "General and honest," interest in the wellbeing of the people they were supporting. This was our observation when talking to staff.

We observed people being supported as directed in their care records. Staff were trained and knowledgeable about people's needs. One relative provided us with examples of how the person's health and welfare had improved, linked to staff having the skills and experience in supporting the person's needs. This included the, "Marvellous," work undertaken in supporting the person to communicate more effectively. Another relative felt that the staff had sufficient skills and knowledge to, "Cope," and manage the person's changing needs. This reflected the feedback the provider received in their 2015 quality survey. One relative had written, "I am extremely satisfied," with the level of care being provided.

Staff undertook an induction and training relevant to their role. This included the care certificate to enable them to support people effectively. This is a recognised set of standards that staff should be working to. The provider had systems in place to ensure all new staff gained an insight into their role and to support them in getting to know the individual routines and preferences of the people they would be supporting.

Following induction, staff received on-going training to keep their skills and knowledge updated and gain further qualifications in care. Training provided staff with the skills to meet people's individual needs. For example specialist training to manage epilepsy and dysphagia. Training provided a mix of theory and practical learning. For example two staff had completed the 'virtual dementia tour' training, which provided a 'snapshot' of the feelings and experiences of people living with dementia. Others had completed basic life training to equip them to provide effective resuscitation if required, and the safe management of seizures.

People were supported by staff whose work was supervised and appraised. One member of staff who received regular supervision, said it provided them with a forum where they could speak openly about practice and development issues, "Get a chance to air your views." Records showed that systems were in place to ensure all staff received regular supervisions which supported them to improve their practice and identify further training needs.

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 so that they can 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. We found that the service had submitted DoLS applications to the appropriate supervisory body which were waiting approval. The registered manager was aware of their responsibilities in ensuring the conditions of any approved authorisations were met.

Staff understood the requirements of the MCA and put this into practice. People had been asked to consent to decisions relating to their treatment. Where they lacked capacity to understand the decision, staff had involved the person's relatives and relevant health and social care professionals to make a best interest decision on their behalf. One relative who spoke about their involvement in these decisions told us, they felt, "Very comfortable what they [staff] are doing that." This was linked to staff's awareness of people's ability to make an informed decision and when they needed support. Records showed recent best interested decisions included the use of sun cream where a person was at risk of sun burn, and dental treatment.

People told us that staff were attentive to people's needs and responded promptly to changes in their health and wellbeing. Where applicable, people's relatives told us that they were kept updated on important matters affecting their relative's welfare. One relative told us that staff were responsive in spotting any changes in the person's behaviour / welfare that could be an indication that they were unhappy, or unwell and take appropriate action. "Always ring me to discuss any problems."

People had access to healthcare professionals and the service worked in collaboration to ensure that people's needs were met. This included psychiatrist, occupational therapist, nurse specialists, dietitians and physiotherapists. Records showed that where concerns about people's wellbeing were identified, such as showing signs of an infection, prompt referrals were made to health care professionals. Staff acted on the advice and guidance given. One relative commenting on the effectiveness of the staff in seeking medical advice said "Are on the case and get antibiotics." This showed us that action was taken to maintain people's health and wellbeing.

People's care records contained health action plans and records of hospital and other health care appointments. The use of hospital passports supported healthcare professionals to have an insight into people's needs, choices and preferences, when moving between health providers. Care staff arranged, prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Staff monitored people closely to ensure they were eating and drinking enough. Records showed any concerns about people's nutritional intake were reported to the appropriate health professionals and their recommendations acted on. This included the person's GP, Dietitian and Speech and language therapist. Due to the hot summer, staff were promoting people to drink more fluids to maintain good health during the heat wave. We saw people making their own drinks, or being supported to drink.

The two bungalows had separate menus. Staff told us, how in consultation with people, they produced a weekly menu. This enabled staff to support people to plan, shop and prepare the meals. The support people received with their meals varied depending on their individual circumstances. One person showed us the evening meal they had cooked unsupervised. They told us how they enjoyed cooking. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet.

# Is the service caring?

## Our findings

People had good relationships with the staff and were happy with the support they provided. One person said, "I respect the staff, I appreciate the staff for what they do...everyone works as a good team." A person who had shared their views on the service had said, "I like living here as I have nice carers and don't want to move from here." A relative told us, that the person was "Always happy to come home- [but] always happy to go back [to Little paddocks] ... Always looks forward to it." They felt that this was an indicator that the person was settled and happy. A visiting health professional had written to the service saying, "I would like to compliment all staff for the high level of care shown to all the residents. All are treated as individuals, very impressed."

Relatives were very complimentary about the service's caring, friendly atmosphere. One relative told us, "They do provide a loving atmosphere, as near as possible to that of a family," and described how staff always did their best for the person. Another described the staff as a, "Lovely team, always sociable and friendly and interested in what is happening," in the family. This enabled staff to have more meaningful, person-centred conversations with people. Another relative said that the person had often commented that they are, "Very happy," living in the service.

We saw that people were relaxed in the presence of staff. Staff knew people well and understood their needs, were compassionate and attentive. Where people showed signs of being anxious, staff were quick to respond in a meaningful way which enhanced the person's wellbeing. For example, where a person was standing and looking anxious, the carer offered their hands for the person to hold. They smiled then started singing and gently swayed with the person from side to side. We saw how the positive interaction provided the person with reassurance, as they smiled and relaxed. It also identified staff's awareness of the person's care records, which stated how the person liked this type of interaction.

We heard people laughing and joking with their carers. A relative praised this, telling us how the, "Good humour," was supportive of the friendly atmosphere. "Lot of joking going on with workers," which was undertaken in a respectful, compassionate manner by, "Joking with, not at."

Throughout our inspection we saw staff provided people with information and explanations they needed at the time they needed. People were supported people to make informed decisions about their care and treatment. This demonstrated it was the normal culture of the service to empower people, by involving them in any decisions which affected them. One person's relative told us how this was normal practice.

The minutes from 'house' meetings which had been attended by people who used the service showed how their choices were sought, listened to and acted upon. This included the type of activities they wanted to take part in and holiday venues.

One person who had been part of an interview panel, described what they were looking for in a potential candidate, "I prefer to know they have the experience. This showed that people were being involved in the decision making process of who will be providing their care and support."

People were supported to maintain relationships with partners, friends and relatives who mattered to them. One person provided us with examples, which identified the very positive work being undertaken by management and staff to support the person's rights and promote equality.

There was information on advocacy services which were being accessed when needed. One person spoke about their involvement in the 'people's parliament' and how they spoke up for the rights of people with learning disabilities.

People's independence and privacy was promoted and respected. All staff were observed to be respectful to the needs of each individual in relation to their privacy and dignity. Relatives told us that this was normal practice. People's records identified the areas of their care that people could attend to independently and how this should be respected.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs and their views were listened to and acted on. One person told us, "I like it here," because they were supported to live the way they wanted. Relatives told us they were involved in any reviews of care. One relative said following the review they would always be sent a, "Print out," of the review. This enabled them to check to it was a true reflection of what had been discussed. Also where they had been unable to attend, and make any comments which could be added to the review notes. Another relative who had attended a care review, told us how it focused on the person, to ensure the care and support being provided was responsive to their needs, "Their voice is definitely listen to."

People's care and support plans were completed with the involvement of the person and their support network, including relatives, social and mental health professionals. They were tailored to the individual and the level of support they wanted from staff. This included their physical, mental, emotional health and social needs. Some records were more informative about the person's life before moving in than others, the registered manager was aware of this and was working with the person / families to gain this information.

Care plans were viewed by the manager as being an ever evolving tool, where new information or templates were being constantly added, altered or changed, to ensure they were informative as possible, and based on good practice. These included 'pen portraits' on the front of people's care plan which provided one line statements about the person including their character, abilities and support needs. Information was kept updated through reviews and regular one to one discussions with their key worker about their health and welfare. Staff had signed to confirm that they had read and familiarised themselves with the contents of the care plans, including any changes. This ensured they kept their knowledge updated.

Staff were proactive in supporting people to maintain relationships with people that were important to them, such as partners, family members and community links. People told us that they could have visitors when they wanted them, or travel to stay with others. At times during the inspection, the service was empty as everyone had gone out; some independently, or with the support of a member of staff. The different places people were going showed how people were being supported to do things that were of interest to them and make new friends.

People were fully involved in planning how they wished to spend their time and were supported to access local facilities. One person told us how they enjoyed swimming, and other athletic pursuits they were involved in, including football. The registered manager described how they had been moving away from people going out on 'group activities' which did not always reflect people's different interests. The focus now was on what the individual's choices, wishes and goals were, and then putting in the appropriate level of support to ensure it happened.

Records showed that people were being offered a range of social and physical activities, work and educational placements and holidays which met their individual needs and choices. Relatives also commented on the improvements they had seen in people's welfare by having access to age related

activities. One person told us about their recent holiday which they had enjoyed. A relative said, "Every year [the person] has a holiday, has a fantastic time." Another relative spoke about the positive impact it had on the person's welfare by, "Always being occupied."

One person said they appreciated the life skills they had learnt whilst living in the service through staff support and attending different courses, "I have enjoyed it...learnt so much I want to move on." They spoke about the support they were receiving from staff to enable them to achieve their goal of moving out of residential care. A relative also described how they had noted improvements in a person's social skills through the support they had received from staff, which enabled them to engage more. These examples showed how staff were supporting people to be independent, achieve goals and enhance their quality of life.

People knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to. One person told us, "Everyone has a keyworker here," who they said they would speak to if they have any concerns. Or they would, "Go to the [registered] manager." They told us the owners visited regularly and would also feel comfortable talking to them. They provided examples of situations that had worried them, and how the management had listened to, and acted to resolve them. It gave them confidence in the management's ability in dealing with any issues raised.

The service's new complaint policy booklet in easy read format 'How to make a complaint at Little Paddocks' was displayed in the service. The informative booklet, which had been put together by the people using the service and staff, provided a good level of information. This included information on advocacy agencies, and external organisation and how to contact them. Jointly involving people in producing the booklet ensured that it held the information people wanted, and supported people's diverse communication needs.

Records showed that two complaints had been raised in the past 12 months, which had been investigated and responded to. Where shortfalls in practice had been identified, action had been taken to address it, and to prevent a reoccurrence. This included providing further training to reduce the risk of the incident reoccurring. The registered manager told us how they used feedback from concerns raised in a positive manner, ensuring they took action to reduce the risk of it happening again, as part of driving continuous improvement within the service.

## Is the service well-led?

### Our findings

There was an open culture in the service that had developed strong links with the local community. Relatives described how staff facilitated a family atmosphere in both of the bungalows. One relative commented, it is, "Like a little family, get on well with other." They told us the quality of service provided supported the person to be happy, "If [person] happy, makes me happy." One relative told us that they would, "Absolutely recommend," the service to others who required the same level of care and support. Which was the view of all the relatives we spoke with.

The provider had a range of forums to support people, relatives and staff to share their views on the service, influence change and drive improvement; which was constantly being developed. This included monthly 'house meetings', annual quality surveys, care reviews, involvement in recruitment and the development of policies and guidance. For example, the complaint and infection control policies displayed in the service gave the names of the people and staff who had produced them. This demonstrated the culture of the service, as the person's home and ensuring that they were involved in all aspects of the development of the service.

A relative spoke about the annual survey they had been asked to complete, which enabled them to share their views of the service. We looked at the results of the 2015 surveys, which showed that people were very satisfied with the level of service being provided. One person had described the care and support as, "First rate." Where the surveys identified that not everyone was aware of the complaints policy, the registered manager had addressed this by sending relatives / advocates a copy. It showed how the service acted on the feedback they were given to drive on-going improvement.

People and relatives gave positive comments about the management and leadership of the service. They told us that registered manager, who had registered with the Commission in June 2015, had a good visible presence and was very approachable. Relatives spoke about the improvements they had seen which included better integration with the local community, and more meaningful occupation. One relative told us that people, "Seem to have a better social life...wider range." Another praised the, "Welcome development," in developing links with the local church.

Staff told us that the staff morale was good and that staff worked well as a team. One staff member told us how they enjoyed working in the, "Lovely team." Staff told us that they enjoyed their work. One staff member told us how they found the job rewarding, "Never dread coming to work," and described how staff worked as a team to enhance people's lives. Including coming in on their days off to support social activities.

Staff understood their roles and responsibilities in providing good quality and safe care to people. We saw the minutes from staff meetings. They showed how staff were being kept updated with any changes in the service and advised on how they should be working to improve the service when shortfalls had been identified. For example, reminding staff of the correct dress code and foot wear in line with health and safety, 'no flip flops'.

Staff were able to openly challenge management without blame, this included contacting the provider direct to discuss any issues they were unhappy about. We were provided with an example of where this happened and the work being carried out by the provider to resolve the issues. Three staff told us that the registered manager was approachable, supportive and listened to what they said. One told us, "He is really good," that he was always around so they knew what was going on.

There were quality monitoring systems in place to ensure people received quality care, and to address any shortfalls. This included monthly audits and checks of high risk areas, such as medicines, incidents, health and safety and fire. The service provided monthly information on the incidents and accidents to the provider, which enabled senior external management to have a good oversight of their services, to support them in identifying any themes and check with the registered manager that appropriate action was being taken. For example, following a medication error, the registered manager had been able to show that they had taken appropriate action to improve medicine procedures to reduce the risk of it happening again. This included putting in extra checks of staff's competences, reviewing and updating their policies and changing to another dispensing pharmacist.

The registered manager understood their role in providing a good quality service and recognised the need to continuously develop the service. They shared with us the work they had undertaken to support staff, and make them feel listened to and valued. This included building up staff's confidence in being more accountable for their practice by taking on delegated roles, such as 'dignity champion'; responsible for promoting dignity for all across the service.

The registered manager felt supported by the provider, and told us that they met monthly with the provider's other managers. Records from the meetings showed that they provided a forum where managers were able to offer peer support and share good practice. Audits of the service were undertaken by another of the provider's registered managers. Where shortfalls were identified they demonstrated an approach and ability to address them quickly to ensure people were provided with a safe, quality service.