

# Community Integrated Care Maitland Terrace

## Inspection report

39-40 Maitland Terrace  
Newbiggin by the Sea  
Northumberland  
NE64 6UR  
Tel: 01670 812714  
Website: [www.c-i-c.co.uk](http://www.c-i-c.co.uk)

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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 

## Overall summary

We carried out an unannounced visit on 14 January 2015 and a further announced visit was made on 19 January 2015.

Maitland Terrace is two adjoining bungalows and is registered to provide accommodation for up to seven adults with learning disabilities who require personal care and support. There were six people living at the home at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found the registered provider had policies and procedures in place for dealing with medicines. We observed staff giving people their medicines and this was done safely and appropriately.

The registered provider had policies and procedures in place to help keep people safe and to prevent abuse happening. The staff on duty confirmed they had

# Summary of findings

undergone training related to safeguarding vulnerable adults and they were aware of the different forms of abuse. The personnel records showed checks were carried out prior to staff being employed at the home to help ensure they were suitable to work with vulnerable people.

We found the premises were well maintained and regular health and safety checks were carried out. The relatives we spoke with told us they always found the home was clean and well maintained.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. However, during our visits people were relaxed and enjoyed good relationships with the staff. Staff were spending time with people and they told us they enjoyed working at the home and had adequate time to complete their duties.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager was in touch with the local authority to ascertain whether applications were required for people.

We observed lunch being served and this was relaxed and staff provided assistance in a sensitive manner. The

menus were varied and staff were aware of people's likes and dislikes and special diets that were required. The records showed appropriate training was provided and staff were supervised and supported. The staff on duty confirmed this and were able to describe people's individual needs. We saw them meeting these needs in a competent manner and they respected people's privacy and dignity.

Health care professionals were contacted when necessary so people's needs were addressed. Activities and outings were provided according to people's preferences.

The registered provider had a complaints procedure in place and relatives were aware of this and felt confident to use it if necessary.

We examined four care records and found people's individual needs had been assessed and care plans were in place to give staff information about how they should meet these needs.

The registered manager carried out audits and checks to help ensure standards were met and maintained. Surveys had been issued to relatives and health and care professionals to gain their opinion of the service and the comments were positive. Action plans had been put in place so any suggestions could be addressed.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were kept safe as systems were in place to ensure their safety and well-being. There were policies and procedures in place to ensure people received their medicines in a safe way.

Systems were in place to protect people from abuse and avoidable harm. Staff had received training with regard to safeguarding people and they said they would be able to identify any instances of possible abuse and would report it if it occurred.

There were enough staff on duty to meet people's needs and guidelines were in place for staff to safely manage and provide consistent care to people who displayed distressed behaviour.

Staff were appropriately vetted. We found regular checks took place to make sure the building was safe and fit for purpose.

Good



### Is the service effective?

The service was effective.

Staff had a good understanding and knowledge of people's care and support needs so people received effective care.

Health and social care professionals were involved to make sure people's care and treatment needs were met. Staff supported people to eat and drink to help ensure their nutritional needs were met.

People's rights were protected because there was evidence of best interest decision making, when people were unable to give consent to their care and treatment.

Good



### Is the service caring?

The services was caring.

Relatives and people we spoke with were complimentary about the care and support provided by staff.

People's privacy and dignity were respected. Staff were patient, spent time with people and good relationships existed.

People were supported to maintain contact with their friends and relatives.

Good



### Is the service responsive?

The service was responsive.

People's needs had been assessed and care plans were in place to give staff information about how individual care needs should be met.

Activities took place in the home and people were supported to use local amenities and take part in activities of their choice.

A complaints procedure was in place and the records showed that no complaints had been received since the last inspection.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

A registered manager was in post.

Visitors felt the atmosphere in the home was friendly and welcoming. Feedback from health care professionals was positive and they felt the manager was proactive. The staff said the manager was very supportive and they enjoyed working at the home.

The registered provider had a quality assurance system to check standards were being maintained.

Good



# Maitland Terrace

## 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.

The inspection was carried out by an inspector over two days. We visited the service unannounced on 14 January 2015 and a further announced visit was made on 19 January 2015.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We contacted the local Healthwatch group, the local authority contracts team and the local authority safeguarding adults team. We did not receive any concerning information about the home.

We spoke with one person who used the service. Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During our visit we spoke with two health care professionals. We also spoke with the registered manager and three care workers. After our visit we spoke with two relatives.

We looked at four care records, four medicines administration records, four care workers' personnel files, accident records and other records related to the management of the home.

# Is the service safe?

## Our findings

One person was able to tell us they felt safe living at the home. Two relatives told us they felt their loved ones were safe and protected from harm. Comments included, "I have no issues whatsoever" and "[relative] is safe and well cared for."

The registered provider had policies and procedures in place for administering medicines. We looked at four records and saw the medicines were administered by the registered manager or senior care worker and the entries were double signed to ensure they were correct. Assessments were carried out by the registered manager every six months for all staff who were responsible for administering medications to ensure they were still competent to do so. The medicines were stored securely and adequate supplies were in place. All staff who administered medicines had completed training.

Staff told us they had received training with regard to safeguarding vulnerable people and this was updated annually. They were aware of the different forms of abuse and the procedure to follow if they observed abuse. Comments included, "We all get the training and we know we must report anything we think is wrong but I've never had to do that." Staff were reminded about the safeguarding policies and procedures in staff meetings. Two health care professionals said they had never observed any bad practice in the home.

The registered manager was aware of incidents that should be reported and authorities and regulators who should be contacted. A log book was in place to record minor safeguarding issues which could be dealt with by the provider. The log was then forwarded to the Local Authority safeguarding adults team in line with their procedures so they could determine whether appropriate action had been taken.

Accidents and incidents were recorded on the computer system and audited each month by the manager to make sure risk assessments and care plans were in place where necessary. These records were also monitored by head office to ensure appropriate action had been taken.

A system was in place to deal with people's personal allowances and any money held on their behalf for safe keeping. We saw receipts were kept for each transaction. These were signed by two members of staff where people could not sign for themselves.

The registered provider had arrangements in place for the on-going maintenance of the building and routine safety checks were carried out, such as the fire-fighting equipment, fire alarm and emergency lights. Checks were also carried out on the moving equipment in the home, such as hoists and wheelchairs. External contractors carried out regular inspections and servicing, for example, on gas and electrical appliances. We looked around the premises and they were warm, homely and well maintained. People's bedrooms were individualised and decorated according to their own preferences.

We saw a fire risk assessment had recently been completed. A contingency plan was in place and contained information about procedures to follow in an emergency, for example emergency telephone numbers. The registered manager told us arrangements were in place if people needed to move out due to an emergency situation and each person had a personal evacuation plan in place. This meant there were arrangements in place to deal with foreseeable emergencies.

We looked at four staff files and they were well organised and there was written evidence to show the appropriate checks had been carried out before staff commenced work. These included identity checks, two written references, one of which was from the person's last employer and Disclosure and Barring Service (DBS) checks, to help ensure people were suitable to work with vulnerable adults.

The application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

One person was able to tell us that there were always enough staff on duty to meet their needs. Relatives said there were sufficient staff on duty when they visited and one person said, "The staff have never been stressed or hassled."

At the time of our inspection four people were in the home and they were cared for by three staff. Two people were attending day centres and each had a staff member to accompany them. An extra member of staff also came on

## Is the service safe?

duty at 13.00 until 20.15. From 13.00 until 15.00 this person spent time working with a person on a one to one basis. We saw the staff were able to spend time with people and were not rushed to complete their duties. We felt that based on the current level of occupancy and observed levels of

dependency the staffing levels were appropriate. During the night there was a waking night staff and a sleep in. The registered manager told us there were no staff vacancies and bank staff were available if required to cover holidays and sickness.

# Is the service effective?

## Our findings

Relatives said, “The staff have always been very good and I’m sure they are well trained” and “The staff are good especially when things go wrong and they keep in touch about everything.”

The training records showed staff had undergone health and safety training, such as moving and handling, fire safety and infection control. The registered manager kept a training matrix to ensure training was updated when necessary. The records showed that staff had also completed training to meet people’s individual needs, for example deaf/blind awareness, end of life care, challenging behaviour and epilepsy. The staff we spoke with said they felt they received a good level of training. One person said they could ask for training if they felt this was needed. They said they would soon be receiving extra training on computer skills as they had asked for this.

Records showed that staff supervision sessions and annual appraisals were carried out and this was confirmed by the staff. Supervision sessions are used to review staff performance, provide guidance and to discuss their training needs. We noted that some supervision sessions were slightly out of date. We discussed this with the registered manager who was aware of this and had a programme in place to update these sessions in January 2015. The supervision notes showed that individual training needs were discussed and any issues or concerns staff may have.

One person was able to tell us that they enjoyed the food served to them. We observed lunch being served in the dining room. The atmosphere was pleasant and unhurried and staff provided people with assistance when necessary. We also joined people for coffee during the morning. Everyone looked happy and relaxed and staff were chatting

to people throughout. Alternatives were available if people did not like the meal on the menu. Staff were aware of people’s likes and dislikes and the registered manager confirmed that the food budget was adequate.

Three people had been assessed by a speech and language therapist and risk assessments were in place for eating. Food charts were maintained for people who had been identified as being at risk of malnutrition. People’s weights were checked regularly to ensure action was taken if required and referrals made to relevant health care professionals.

People were asked before they were provided with support, for example a care worker asked someone if they would like to return to their room after lunch.

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of Deprivation of Liberty Safeguards which apply to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment. There was a policy in place which related to people’s mental capacity and DoLS. The registered manager was in touch with the local authority to ascertain whether applications were required to deprive people of their liberty.

We saw documents to confirm individual mental capacity assessments had been carried out by care managers to ascertain whether people required best interest decisions to be made on their behalf. For example, best interests meetings had been held when a person required medical treatment and when another person required bedrails to be put in place.

We saw referrals had been made to health care professionals where necessary, for example GPs, psychiatrists and speech and language therapists. Two visiting health care professionals confirmed prompt referrals were when necessary.



# Is the service caring?

## Our findings

One person was able to tell us they were well cared for by the staff and they enjoyed living at the home. Other people were happy and smiling and had good relationships with the staff.

We spoke with two relatives and their comments included, “They are very caring. I’ve no concerns at all. Staff always make sure [relative] has what they need and their clothes are always clean” and “[Relative] is very well cared for. They are always clean and well dressed. We are very happy and they cater for all [relative’s] needs.” Three relatives had completed surveys and they were all positive about the care provided. One person stated, “The whole family think [relative] is getting the best care they could have.”

We spoke with two health care professionals during our visit and they both felt the care provided was good. Their comments included, “I have no concerns about the home” and “People are always well dressed and the staff seem very caring.”

Surveys issued to health and care professionals in September 2014 were all positive. Comments included, “Excellent staff. I’ve always been appreciative of carers’ knowledge of their residents” and “Recommendations have always been received well and implemented.”

The staff on duty were meeting people’s needs in a competent and sensitive way. Good relationships were apparent and people were very relaxed. Staff were spending time with people individually. Throughout the inspection people were laughing and engaging with the

staff. The staff were patient with people and took time to listen and observe people’s verbal and non-verbal communication. The staff were knowledgeable about people’s background, interests and likes and dislikes.

People were encouraged to be as independent as possible. For example, staff were instructed to allow someone to put her own jewellery on, make perfume and face cream available and allow the person to choose her own clothes. The staff would give advice if the clothing was not appropriate to respect the person’s dignity. If people were able they were encouraged to help with drying dishes, to dust and polish and put their laundry away. Some people enjoyed pamper sessions and having their nails painted. One person indicated they enjoyed buying new clothes and jewellery and was excited about going shopping to choose clothes for their forthcoming holiday.

The home has a designated dignity champion who attends dignity meetings held by the provider and minutes were circulated to the staff. A dignity champion is someone who promotes dignity issues in the home and ensures people are treated with respect at all times.

Handover sessions were held and notes were kept from each shift to ensure staff had up to date information about people’s care and wellbeing.

Contact numbers for advocacy services were available. Advocates can represent the views and wishes for people who are not able to express their wishes. The registered manager told us that no one required an advocate at the present time but they had used advocacy services in the past.

# Is the service responsive?

## Our findings

Staff were responding to people's needs during out inspection in a sensitive manner and were allowing them to spend their time as they wished.

Two health care professionals told us that prompt referrals were made when required, the staff were very good at carrying any instructions and were always happy to help.

We looked at the care records for four people. Pre-admission assessments had been carried out and care plans had been developed to provide staff with guidance to meet people's needs. These included personal care, access to community activities and making decisions. Person centred care plans were in place and included information about where people liked to visit and what activities they enjoyed. Each file contained information about their likes and dislikes and people who were important to them. The files were evaluated each month. Relatives told us they were fully involved in any discussions and staff kept them up to date. One person said, "They tell me everything, if [relative] is ill, about their money and things."

Handover sessions were held at the beginning of each shift to help ensure staff had adequate information about each person's needs.

At the time of the inspection three people were painting ceramic pots, one person was listening to music in their bedroom and two people were at day centres. People enjoyed a wide range of activities which included shopping, trips to the theatre, bar meals, aromatherapy, music therapy, concerts, going to the races, arts and crafts at a local community centre and attending Ouseburn Farm. People were supported to go on holiday and one person indicated that they were very excited as a holiday had been booked for them to go to Blackpool in a few weeks time. Relatives said they felt staff supported people to access the local community. Comments included, "[relative] has a car and loves to go out and about" and "Staff ring us to ask if we would like to meet [relative] for a coffee somewhere. [Relative] used to attend a day centre but they were left sitting so they stopped going and they get lots more attention at the home." People were assisted to help in the garden and the home grew some of their own vegetables.

One person said they would complain if they needed to. Relatives told us they knew how to complain but had never needed to do so. They said, "I wouldn't be frightened to say anything if I wasn't happy" and "I have no complaints. I would complain if necessary and I think the manager would listen." A complaints procedure was in place and a book was available to record complaints. No complaints had been received since the last inspection.

# Is the service well-led?

## Our findings

The home had a registered manager who had been in post since 2000.

Relatives told us they were made welcome and one person said, “The staff always say [name] make your [visitor] a cup of coffee. The atmosphere in the home was warm and friendly and people were laughing and interacting with the staff team. Three relatives had completed surveys which asked how they rated the service. Two people stated it was excellent and one person stated 100 per cent. Comments from two health care professionals included, “There is a very good atmosphere here” and “Everyone seems happy working here.”

Staff said the registered manager was very supportive and they felt confident to discuss any issues they may have. They said, “It’s a very friendly atmosphere” and “The registered manager is great, very supportive.”

Staff meetings were held every two or three months. The latest meeting was held on 2 December 2014 and the minutes were recorded. Discussion took place with regard to professional development for the staff, safeguarding,

dignity in care and events. Monthly meetings were held every month for people and relatives. At the last meeting discussion took place about outings, activities and holidays.

The home had won a silver award for the garden and people were invited to attend a ceremony at the local maritime centre to receive this.

Various audits were carried out to check the quality of the service provided. These included the system for dealing with medicines, the care plans, staff recruitment records and health and safety. An audit of the medicines system had recently been carried out by the supplying pharmacist who had made some minor suggestions and the home had taken the appropriate action. This meant that systems were in place to ensure standards were monitored and any improvements were implemented. The registered manager had reported events that affected people’s welfare and health and safety to CQC as required by the regulations.

A senior manager from head office visited every three months to monitor standards and ensure any improvements were implemented. completed a checklist.

A reward scheme was in place where staff received recognition for passing exams and people could nominate staff to receive an excellence award for their performance.