Malvern View (Lydiate) Limited

Malvern View

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 20 and 21 October 2015 and was unannounced.

Malvern View is registered to provide accommodation for personal care for a maximum of 10 people with learning disabilities or autistic spectrum disorder. There were 10 people living at the home on the day of our visit. At the time of our inspection there was not 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 were supported to maintain their safety and reduce the risk of harm. The staff had knowledge of how they would protect a person from the risk of harm and how to report any concerns. Staff were available to assist people when they asked or staff ensured they were available to help them when needed. Two staff checked people's medicines before they received them and then recorded they had been taken.

Staff had been trained to understand people's needs and were supported in their role by a manager. People got to decide about their care and treatment this had been recorded. Staff showed they listened and responded to people's choice to choose or refuse care.

The registered manager had applied the Mental Capacity Act 2005 (MCA) and assessments of people's capacity to consent and records of decisions had been completed. The provider had followed the correct procedure when a person was deprived of their liberty and staff understood the reason for the restrictions.

People choose their meals and were supported where needed. Alternative diets had been prepared to meet people's nutritional needs. People accessed health and social care professionals with regular appointments when needed. Staff knew when people had appointments or meetings and supported people to attend these appointments.

People were familiar with the staff that supported them. People happily chatted and relaxed with them. Staff knew people and were aware of each individuals care needs. People were treated respectfully and staff help support and maintain their dignity. People's relationships with their family and friends were encouraged and had been supported.

People spent time out the home and got to enjoy the things they liked to do and chose how they spent their days. People comfortably discussed their concerns or comments with staff and these were addressed. There were processes in place for handling and resolving complaints and guidance was available in alternative formats. Staff knew and would raise concerns on behalf of people at the home when required.

There was no registered manager in post and the operational manager was currently managing the home

whilst they recruited a new manager for the home. The manager in post had not submitted all relevant notifications where required.

People were involved in the running and development of their home. The manager was available, approachable and known by people. Staff felt involved and were able to make suggestion in relation to people's care needs. The provider ensured regular checks were completed to monitor the quality of the care delivered. The management team had kept their knowledge current and they led by example.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's safety and well-being had been looked at to reduce the risk of harm or injury. People received their medicines when they needed them and were supported by enough staff that understood their care and welfare needs.

Is the service effective?

Good

The service was effective.

People's consent to making decisions demonstrated their choice had been considered. People's dietary needs had been assessed and they had choices about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People received care that met their needs. When staff provided care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good

The service was responsive.

People had been supported to make everyday choices and were engaged in their personal interest and hobbies. People were supported by staff or relatives to raise any comments or concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was not a registered manager in post and not all notifications had been submitted to us as required.

People and staff were complimentary about the overall service and had their views listened to. The provider had monitored the quality of care provided. Effective procedures were in place to identify areas of concern.

Malvern View

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 20 and 21October 2015. The inspection was completed by one inspector and a specialist nurse advisor. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with four people who lived at the home. We spoke with three staff, one senior care staff, two team leaders and the manager. We also used observations to help us understand the experience of people who could not talk with us.

We looked at three records about people's care, three medicine records, staff meeting minutes, medicine audits, care plan audits, provider improvement plans, falls and incidents reports and checks completed by the provider.

Good

Is the service safe?

Our findings

People were familiar with the staff and happily went to them for reassurance and support. People were encouraged to share and discuss their concerns with staff. For example, where a person became upset staff responded consistently and managed the person's emotional wellbeing.

All care staff we spoke with told us they could speak with the team leader or acting unit manager, about concerns over people's well-being. They were able to tell us the action they would take if they were concerned about a person's welfare. For example, if they saw something of concern they would report the incident immediately. Two staff we spoke with were also clear about their role and were aware of the provider's expectations on protecting people from abuse. They told us and we saw that the policy was kept in the office, which they would refer to it if needed.

People's risks had been looked at and assessed so staff knew what actions to take to help people receive safer care. Two of the care staff we spoke with were clear about the help and assistance each person needed to support their safety. This included managing people's day to day health risk or the steps they needed to take in case of an emergency. For example, where a person was choking or caring for a wound. One care staff added that following such an incident, "discussion would take place within the team and changes would be made to the care plans". We saw that the risk had been reviewed and updated regularly and were detailed in people's care plans. Staff also told us they had access to these records and were told about any changes at the start of their working shift.

All staff we spoke with knew of the plans in place to prevent or minimise any identified risks for people. For example, staff told us that they knew what to do if a person had an epileptic seizure. Where people required supported to manage their anxiety or pose a risk to themselves or others we saw staff used techniques to distract the person to help keep them remain calm and safe. All staff we spoke with told us they had been trained to use physical restraint as a last resort. One care staff told us they usually, "Talk to them to calm down". Each incident had been recorded and reviewed with the person and management at the home.

People had their care and social needs met from familiar staff. Whilst agency staff were used the, care staff told us they used the same agency staff. People were supported by staff that were always available and people did not have to wait for assistance. The provider had looked at the needs of people to ensure the right number and skill mix of staff were available. Where people required constant one to one support, one staff told us there were a small group of staff that were particular to that person for familiarity.

People's medicines were up to date and had been recorded when they had received them. Two staff checked the medicines before they were given to the person to help reduce the risk of errors. Where people required medicines 'when needed' staff talked with people to check if they wanted medicines. For example, inhalers to manage their asthma. We spoke with staff on duty that administered medicines and they told us about people's medicines and how they ensured that people received their medicines when they needed them. Consultants or GP had also regularly reviewed the medicines to monitor the benefits or side effects for the person. The staff checked the stocks of medicines and ensured that they were stored and disposed of

correctly.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at two people's care records and we saw that capacity assessments had been completed correctly.

We also looked at Deprivation Liberty Safeguards (DoLS) which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. Where people had their freedom restricted they had been protected by the correct procedure being followed. A DoL was in place for all people who lived at the home as they felt there were restrictions in place. All staff we spoke to were aware of the restrictions in place and what this meant for people.

People were asked by staff before they assisted them with their personal needs during the day. All staff we spoke with told us were clear that each person had the right to refuse care. Staff demonstrated that they understood people's needs and requests and had responded accordingly. For example, when people required help with a task or going out. Staff knew and understood how to support people's health needs. Four staff we spoke with told us their knowledge and experience meant they were confident in providing the correct care to people. This was supported with training courses and demonstrated an understanding of people's conditions and how to respond to these. For example, staff knew how to support as person that had epilepsy. We saw that staff used these skills during the day to support people with their emotional well-being. The manager had an overview of the training staff had received and when it required updating.

Three staff we spoke with told us about the support they had from regular meetings with their team leader or manager. All staff we spoke with said they all worked well together and this provided people with effective care and support. One staff member told us they were able to identify and discuss different ideas to help to increase understanding of any work based issues. They also discussed people's care practices at one to one supervision sessions and team meetings to help share ideas and suggestion that related to people's care.

During the inspection people were having breakfast, snacks and their afternoon meal. Staff ensured that people had a choice of food and knew people's preferences. We saw meal menus for the week were displayed in the dining room. One staff confirmed that they followed this, however they were able to change a meal at the person's request. People's nutritional needs had been looked at to ensure they either received

a specialist diet or food and drink that met the needs. For example, people received a soft diet or received one to one support to eat their meal.

The information about each person's food preferences had been recorded for staff to refer to. Staff told us about the food people liked, disliked and any specialised diets. The records showed that people also got to see other health professionals to help them maintain a healthy lifestyle. For example, people received support from the speech and language team in support of their needs.

People were supported to attend consultant reviews, social worker meetings and other health professionals in support of the care received at the home. Staff told us and we saw that they recorded and took appropriate action if they were concerned about people's health. For example, contacting the occupational therapist for advice and support. People also got regular health reviews with their GP dentist and opticians. All visits were recorded to show any changes to care needs or any follow up appointments required.

Good

Is the service caring?

Our findings

All people we saw enjoyed being in their home and were comfortable and familiar with the staff who supported them. People spent time with staff members, chatted about their day or what they planned to do later. People approached staff when needed to chat or discuss their plans for the day or other events that they were planning. People were understood by the staff and used a variety of ways to make their wishes known. Staff responded to people's visual and emotional signs to meet their needs. For example, offering guidance and choice about what they wanted. People received positive praise and staff were encouraging when people were sharing news about their achievements.

When we spoke with staff they all had a detailed understanding of each person's individual needs. They told us they respected people's personal items and were attentive to their individual interests. All staff that we spoke with felt the home provided a caring atmosphere which focussed on the people who lived there. Throughout our inspection we saw people had close relationships with staff that they knew well. Staff also felt that the small staffing group meant people got to them well. One staff told us that "We know them as individual people".

People were encouraged to be involved in their own care and treatment and make day to day choices .We saw that care staff offered and provided opportunities so people could remain independent with daily living task. For example, cleaning, cooking and shopping. Where people asked for support staff provided the level of assistance the person needed and were careful to encourage independence. One team leader described how they had supported people to become more independent and said, "[the person] used to remain inside, but is now able to go out and about with support".

People had the choice of privacy in their home and staff respected where people wanted a lie in, spend time in their rooms or spend time with us during the inspection. Staff respected people's privacy and dignity, spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

All staff we spoke with said they knew about people in the home and got to know people by talking and spending time with them. They told us getting to know people was part of their role as well as providing care. Where people had not been able to talk to staff about their lives and interest's staff spoke to family members and looked at care plans for additional information. People expressed choices about their care and information had been obtained from relatives or staff who knew the person well. This information had been recorded so care plans reflected the person's preferred care and support needs.

Good

Is the service responsive?

Our findings

People had their needs and requests met by staff who responded with confidence and knew their needs. People were supported and enabled to make their own choices when planning their care and support. People had input from external agencies in support of their emotional and physical needs. The manger and staff had supported one person to continue to stay at the home with additional training and support to maintain the care the person required.

Staff provided clear and consistent information about each person, their families and personal histories. Staff confidently explained to us the level of support people required. For example, how they supported their emotional needs and the number of staff required to support them to meet these needs. People's needs were discussed by staff when their shift ended to share information between the team. Care staff were provided with information about each person and information was recorded.

People's care and treatment had been planned and included their views about their care and treatment. Each person had a key member of staff that worked closely with them to develop and plan their care needs. For example, the daily routines they liked or how to manage and maintain their personal care. Relatives had also been asked for their views which had been recorded and considered when planning people's care. We looked at two people's records which had been kept under review and updated regularly to reflect the current care needs people received. Where information or advice had been sought to assist with a person's care this had been recorded when putting together and maintaining care records.

People made choices about how they spent their time and planned their individual weekly timetable to support their social lives and hobbies and interests. For example, staff supported people to go to college, go shopping or visits to local areas of interest. People were also involved in planning and booking holidays they wished to go on. People received support to maintain family contact and friendships. We saw that staff went with people to support them when visiting their family homes. Families and friends were welcomed to visits the home to have social time or have a meal with their loved ones.

People approached staff during the day and spoke about their concerns, what they needed or plans for the day or longer term. Staff listened with interest and responded with advice or guidance that supported the person. People received consistent and constant reassurance from staff that were patient where people needed reassurance with their concern or needs. People were also supported by having a weekly chat with their key worker. A key worker was a member of staff that provided one to one support in relation to all aspect of care and reviews.

Staff we spoke with told us they were happy to raise concerns on people's behalf and that the manager would listen. Where complaints had been raised these had been investigated and action taken to resolve the concerns.

Requires Improvement

Is the service well-led?

Our findings

The provider did not have a registered manager in post at the time of the inspection. In the absence of a registered manager, the provider placed a regional manager in charge for the day to day running of the home. All staff told us they were confident in the way the home was currently managed following the previous manager leaving in March 2015. A new manager had been appointed and was due to start at the home in November 2015. The provider will need to ensure that the manager submits an application to be registered with us.

The manager in post had not submitted all relevant notifications where people had been deprived of their liberty. The manager told us they would provide these notifications following the inspection.

People were listened to and had been involved in their reviews. People's feedback had been used to develop their goals and care needs. The manager had also looked at ways to improve people's goals and aspirations and how to support people in achieving these through regular reviews. The provider had sent regular questionnaires to people to gain their views on the care provided. There was a high proportion of satisfaction with no concerns raised.

People were supported by a consistent staff team that understood people's care needs. Three staff told us that they had worked with people who lived at the service for a long time and knew people well. Staff told us they welcomed direct feedback from people and that relatives were happy to speak with them about their family member.

All staff we spoke with told us that their current manager was approachable, accessible and felt they were listened to. The manager told us that they had good support from the provider, and the staffing and were clear about the standard of care they were expected to provide. The provider had a clear management structure in place and the staff had access to information and support. The manager told us they were supported by the staffing team to ensure people were treated as individuals living in their own homes.

Audits were undertaken to monitor how care was provided and how people's safety was protected. Care plans were looked at to make sure they were up to date and had sufficient information that reflected the persons current care needs. For example, monitoring the management of people's ongoing health issues. We saw that plans were in progress to make structural changes to the building to improve the quality of provision in response to the changing needs of people.

The manager's skills and knowledge enabled them to drive improvements. They had a clear plan of the improvements needed and where the staff required further support or training to achieve these. This related to delivering high quality care to people through care staff that had appropriate guidance in line with current best practice.

The manager and senior staff sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and the local authority to ensure that

people received the care and support that had been recommended.

The providers shared information and good practice regionally. Registered managers from all their homes met to discuss their homes and what had worked well. They also contributed to the quality assurance process. For example, they would visits each other's homes and make observations and comments.