

Black Swan International Limited

Maitland House

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

Maitland House provides accommodation and personal care and support for up to 24 older people, some who may have a mental health need. At the time of our inspection there were 20 people who lived in the service.

At the last inspection, in April 2015 the service was rated Good. At this inspection we found the service remained Good.

The home had a registered manager 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 and associated Regulations about how the service is run.

People were kept safe from harm or potential abuse by staff who had been trained and knew how to recognise and report concerns. Information about the risks to people's safety was communicated and equipment was in place to meet their needs safely.

Staff were recruited in a safe way and had received induction and training. Staff felt they were well supported in their roles.

The health and welfare needs of people were met because the manager ensured that there were sufficient numbers of staff with the relevant skills and experience on duty. This included staff with appropriate knowledge so people's care and support needs were met in the least restrictive way.

People were supported to access healthcare services to maintain and promote their health and well-being. People were also helped to take their medicines by staff who knew how to manage these in line with recommended practice.

The manager and staff were aware of how to make an application where people's freedom was potentially restricted however no one was subject to this on the day of inspection.

People were provided with appropriate food and drink to meet their health needs. People were happy with the food they were provided with and staff helped people to make their own choices so people's personal preferences could be met.

Staff were caring and respectful towards people with consideration for people's individual needs. Staff were attentive, polite and sought consent before providing care and support so people were in control of their lifestyle as much as possible.

People were provided with opportunities to participate in activities which were personalised to meet their

individual recreational interests.

People knew how to make a complaint and felt able to speak with staff or the manager about any issues they wanted to raise. People were involved in providing their views about their care directly to the manager and staff.

There were a range of checks in place to make sure the quality of the services people received were of a good standard. We saw the manager had identified and was taking action to drive through improvements and strengthen their monitoring of the service overall.

Further information is in the detailed findings below and you can also see our previous comprehensive inspection report for this service.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Maitland House

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 took place on 22nd June 2017 and was unannounced. The inspection team consisted of two inspectors

Before our inspection we reviewed the information we held about the service, which included the 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 the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. We also considered any information which had been shared with us by the Local Authority

We spoke with people who lived at the service who were able to express their views about the service. We also spoke with staff and observed how people were cared for. We observed the care and support provided to people and the interactions between staff and people throughout our inspection. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care and support in the lounge, communal areas and during the lunch time meal.

During our inspection we spoke with seven people who lived in the service, two relatives, three care staff, one visiting healthcare professional, the registered manager and two regional managers.

We looked at four people's care records, staffing rotas and records which related to how the service monitored staffing levels. We also reviewed daily records, three recruitment files, training records and records relating to the quality and safety monitoring of the service. We looked at the premises and also looked at information which related to the management of risk within the service.

Is the service safe?

Our findings

People living at the service said they felt safe and appeared relaxed and happy. One person told us, "I feel very safe here", and another person said, "I like it, oh yes I am safe here." Additionally one relative told us, "People are very safe here." We saw staff chatted with people who lived at the service and people were comfortable in the presence of staff.

Risks to people were assessed for each person. Care plans included a range of risks assessments that the manager completed if they were relevant to the individual, subjects included, self-medication, falls, bedrails, pressure sores, scalding, diabetes, going out, nutrition and challenging behaviour. Personal emergency and evacuation plan (PEEPS) were in place for everyone living at the service to guide staff in the event of a fire. In one person's care plan it was identified they were at risk of a reaction from wasp or bee stings and detailed guidance was in place to alert staff what to do if this occurred.

Staff knew how to report concerns about people at the service. Staff told us they were aware of whistleblowing policy and would approach the registered manager if they were ever concerned for someone's safety. Staff told us, "I would report to the registered manager or go to head office, I would look at the policy as it tells me where to go next." And, "I would raise concerns with management, then head office, or go to CQC if I needed to." Staff told us, and we saw that, their training was up to date in health and safety and safeguarding people from abuse. We saw that an incident and accident reporting system was in place and the manager informed of all incidents and accidents. The manager reviewed these to analyse any patterns and to identify any appropriate follow-up action.

People told us that there were sufficient staff available when they needed them and that they did not have to wait long if they called for assistance. One person told us, "They come very quickly; sometimes they get there before you have finished pressing the bell." Other comments included, "Yes there seems to be enough staff." and, "The staff are lovely, but I do think they work long hours" Staff views were also positive about staffing levels, comments included, "Yes we have enough, sometimes last minute sickness cannot be helped, but most of the time there is enough." And, "There are enough and the manager and deputy will still help out if needed." The manager told us staffing levels were determined by the level of support needed by people

Safe recruitment processes were in place for the employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references, obtaining an employment history and checking that the member of staff was not prohibited from working with people who required care and support.

People we spoke with did not share with us any concerns around how they were supported with their medicines. We looked at how people were supported with their medicines. All medicines checked showed that people received their medicines as prescribed by their doctor. We saw that staff had information with the medication records regarding possible side-effects of all medicines prescribed. We saw that only staff with the appropriate medication training and knowledge administered medicines and that monthly

medication audits were completed. We saw suitable storage of medicines and suitable disposal, with no overstock of medicines.

Is the service effective?

Our findings

People we spoke with thought staff had the right skills and knew how to meet their needs. One person said, "Staff are very good, they do a lot of exams and whatever I ask they either know or they find out for me." A relative we spoke with told us, "All the staff here seem very well trained."

We spoke with one staff member about their induction programme, they told us this helped them to get to know people who they supported and they worked with other staff as part of their induction programme. One staff member told us, "We do a lot of training here." They said, "The company are really good, if we are not confident about something we can ask and they provide the training." We saw staff put their training and knowledge into practice while they met people's needs. For example, staff supported people to move safely and knew how to use any equipment or aids which were needed to effectively meet people's health and physical needs. Staff met with their line manager through a programme of regular supervision (one to one meetings), at which they were encouraged to discuss and reflect on their working practices and any additional support they needed to help meet their work priorities. Staff also had an annual appraisal of their work performance.

We saw staff showed they understood the importance of establishing proper consent before providing care or support. People living at the service had capacity to consent to care and treatment. Care plans clearly recorded that the person had capacity to be involved in all decision making. The staff we spoke with were able to tell us about the needs, interests and personal preferences of the people they were supporting. One staff member told us, "We always presume people can make decisions." And, "People have the right to make decisions for themselves, we provide options but they choose. I know some people need help in their best interests, but at the moment everyone here can make decisions."

People told us they enjoyed the food and drink provided at the service. People were supported to maintain a healthy balanced diet. Staff checked with people what they would like to eat and offered alternative suggestions if people did not like the choices on offer. People had access to hot and cold drinks throughout the day. People's comments about the food included, "The food is good, we usually have two choices and one of them usually suits me." And, "Cannot fault it, I have yet to have a dinner here to complain about, it's like being in your own home." People told us staff informed them what was on the menu in advance of their daily meals, to enable them to make their choices. Kitchen staff maintained detailed information of people's likes and preferences and anyone with allergies.

People were supported by staff to access local healthcare services so people received effective care and treatment whenever necessary. We saw people's healthcare needs were monitored and supported through the involvement of a broad range of professionals. This included doctors, district nurses, chiropodists and opticians. People told us they had access to healthcare services and the service was very good at noticing if someone was unwell and getting help quickly. A relative told us, "They always call the GP if needed." A visiting district nurse told us, "I have no problems with this home, patients are well looked after and staff follow the advice I give them."

Is the service caring?

Our findings

People were well cared for by staff that had a caring attitude and treated them with kindness. Interactions between the staff and people who used the service were positive and relaxed. People said staff were kind and caring, comments included, "The staff are all lovely.", "It is very nice here, I do not want for anything as you only have to ask." And, "The staff are caring, no matter what we want they try their best." A relative additionally told us, "The care is good."

We saw positive conversations between staff and people who lived at the service and saw people were relaxed with staff and confident to approach them for support. People told us that staff knew them well, knew their preferences and listened to them. Staff were able to demonstrate that they knew people well and knew how they liked their care and support. One staff member said, "[Person] does not like anyone sitting or putting anything on their bed, so we make sure everyone knows this." Another staff member said, "[Person] always likes to wear two pairs of underwear, it is important to them that we remember this."

People were treated with kindness and respect. We saw staff knew how to support people with their changing needs across the day and staff showed they cared. Comments from people included, "If the door is shut they knock, but I like my door open." And, "Staff are very respectful here." Staff told us how they promoted people's dignity and privacy and independence. We saw staff supported people in ways that took account of their individual needs, choices and helped maintain their privacy and dignity. Staff were seen to discreetly assist people with their personal care and closed doors to ensure people's privacy was protected. One staff member said, "We make sure the doors are shut, people can choose the toilet or commode and we ask people if they want us to leave them alone if it is safe." Staff had genuine concern for people's wellbeing, they worked together to ensure people received good outcomes and had the best quality of life possible.

We saw that staff addressed people with their preferred name and spoke with respect. We saw that staff looked at people when speaking with them and chatted to people about things that interested them. Staff had the knowledge to meet people's needs whilst ensuring people had every opportunity to remain as independent as possible. They made sure that the person understood what was about to happen. They gave the person gentle support, and encouraged them to do as much as possible without assistance. This was also the case at meal times and during lunch, people were assisted in a respectful way which maintained their dignity. People got the support they required and lunch was served in a relaxed manner, which made it an enjoyable experience for people. People interacted with each other during the meal and chatted and laughed together. Staff served a choice of drinks including wine and sherry; we could see that this was a usual practice as one person asked a staff member, "Am I getting my glass of wine today."

People who lived at the service told us visitors were made welcome. People were supported to maintain relationships that were important to them. One person said, "My visitors can come anytime they like, my daughter comes every day." We saw there were some arrangements in place for people to be involved in making decisions. For example, people's preferences were discussed before and when they came to live at the service. This was confirmed by one person who told us, "We had quite a discussion before I came here, they knew my needs."

Is the service responsive?

Our findings

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. This was achieved by ensuring people's needs had been assessed prior to them coming to the service. Before each person came to live at the service, an assessment of their needs was undertaken to make sure staff could meet their individual care needs.

Staff confirmed care plans and pre admission assessments helped them understand the needs and wishes of each person so they could plan appropriately for individualised care. One staff member told us, "The care plan has all the information we need, and we use handover to talk about any updates." Staff understood the importance of providing a person-centred approach and providing care and support that was tailored to each individual. A staff member told us, "[person] used to like to go ballroom dancing, they miss this so we dance with them a lot." One person asked the regional manager whether they could relocate to another room as the one they were in was too hot. This was attended to straight away, the person viewed other rooms and decided on one. They were also given the option to move back if in a few days they changed their mind. We saw staff supported people with their needs and their daily routines in the least restrictive way as possible.

We saw there was lots of information displayed about different recreational and leisure activities which could be arranged for people to participate in. People said the planned activities in the service were good and that they were supported to take part in interests that were important to them throughout the day. Examples included music and movement, outside entertainers, bingo, quizzes and animals visiting. Comments from people included, "I find it pretty good really, I enjoy the singing and the exercise.", "There are things on; we do have the occasional day with not much on but not very often.", "We play dominoes and go on the occasional trip out, lots of live entertainers which we have a right laugh with." And, "We all chat with one another and there are sing songs, exercise." People were free to use the communal areas and were able to spend time in their bedroom if they wished. We observed the activity in the lounge, which was a combination of a memory quiz first, and then music and movement. Everyone in the lounge joined in and the organiser went from person to person with pictures of famous people. During the exercise session, people were given scarfs to use to move with the music and again everyone joined in with the session. People laughed and joked with each other and the session was very interactive.

We saw there had been a number of compliments received by the service especially thanking staff for the care and support their family members received during their time living at the service. There was a complaints procedure displayed which was available for people to access if needed. People told us, "I did fall once and knocked myself against a hoist, they move these at night now." And, "I've never had to make a complaint." A relative additionally said, "I have never made a complaint, things I have brought up are dealt with." We saw there was a system in place to record complaints received. The complaints records showed that when a complaint had been received an investigation had been completed. We saw the provider had acted on the complaints raised and people had been informed of the outcome and any actions taken.

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. People we spoke with knew who the manager was and were happy with the quality of the care they received. One member of staff told us, "[Registered manager] is lovely." Another person said, "It is a lovely home, happy atmosphere, care staff always make me feel welcome. The care is good here."

We spoke to the manager of the home who showed they were clearly well known to people who lived in the service, relatives and staff. We saw the manager was visible to people throughout our inspection. Throughout our inspection the manager showed they had a very open and accountable leadership style. For example, they spoke about the areas they had identified that needed to be developed, such as training for staff.

People told us they had attended meetings where they had opportunities to discuss any concerns or suggestions. One member of staff told us, "There are meetings once a month for us with management, there is going to be one for visitors as well, a separate one." A relative told us, "They always ask us for our feedback on the food at residents meetings."

Staff spoken with liked working at the service and were motivated to provide a good standard of care to people. We saw examples where staff worked as a team and communicated with each other and understood their roles and responsibilities. One staff member said, "We are like one big family here, we have a good team." And, "They get good care if they didn't I would say something."

Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the company, which could not be addressed internally. We also saw the manager was committed in using their own practice to show staff positive examples of how to effectively support people. We saw the manager go round the service actively chatting to the residents and asking them if they are happy with everything." This was also confirmed by one person who lived at the home. The manager also confirmed the provider would support them with anything they needed to be able to effectively manage the services provided to people.

The service worked to drive through improvements for the benefit of people who lived there. For example, they were committed to further improving staff practices so people consistently received care which was centred on them. We also saw established quality audits to check on safety and to ensure that they were providing people with the care they needed. We saw this in the arrangements in the monitoring of people's nutritional needs which included regular checks of people's weights and diets in order to reduce the risks to people's wellbeing.