

Mrs Flora Rufus Mason

Malvern House

Inspection report

139 Heysham Road
Heysham
Morecambe
Lancashire
LA3 1DE
Tel: 07735398230
Website: www.example.com

Date of inspection visit: 21 and 25 September 2015
Date of publication: 18/12/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place across two dates, 21 September and 25 September 2015. The first day of the inspection was unannounced. This means we did not give the provider prior knowledge of our inspection. The second day was announced.

Malvern House is managed by an individual registered provider who manages the day-to-day running of the home. They became legally responsible for the home in June 2015. This is the first inspection since the provider became responsible for Malvern House.

Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Malvern House is registered to provide care and accommodation for up to 8 persons who have a learning disability, mental health needs or autistic spectrum disorder. The home is situated in Heysham close to a number of facilities and amenities. All accommodation at the home is provided on a single room basis and all of the bedrooms have en-suite facilities.

Summary of findings

During the inspection we saw people were treated with respect and people told us they were happy living at Malvern House.

We saw people were referred to other health professionals if their health needs changed and we saw evidence which showed people were asked for their views regarding the running of the home.

We found people were supported to eat a healthy diet and people told us they liked the food. We were also told alternatives were provided if requested.

There were no authorisations to deprive people of their liberty in place at the time of the inspection. We discussed this with the registered provider. Following the inspection we received written confirmation that a Deprivation of Liberty Safeguards (DoLS) authorisation had been submitted to the appropriate authority for consideration for one person.

During the inspection we observed peoples' needs being met promptly. People told us they were happy with the

number of staff available to support them. The registered provider told us they arranged staffing to meet peoples' needs and they were currently recruiting a further member of staff.

Recruitment checks were in place to help ensure suitable staff were employed by the home. Staff received training and supervision to enable them to support peoples needs.

During the inspection we identified breaches of Regulation 12 and 13 of the Health and Social Care Act 2008. We found evidence that risks to a person who lived at the home were not managed safely and referrals to safeguarding authorities were not always made. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We found required notifications to the Care Quality Commission were not always made.

You can see what action we told the registered provider to take at the back of the full version of the report.

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 not consistently safe.

Appropriate recruitment checks were carried out to ensure suitable staff were employed.

Risk assessments were not always carried out in a prompt manner and referrals to safeguarding bodies were not always made.

Staffing was arranged to meet peoples' needs.

Medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

People were supported to eat a healthy diet that met their needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received training and supervision to enable them to meet peoples' needs.

Good



Is the service caring?

The service was caring.

Staff responded to people with empathy and compassion.

Staff were knowledgeable of peoples' needs and preferences.

Good



Is the service responsive?

The service was responsive.

There was a complaints procedure in place, which people were informed of to enable complaints to be addressed.

People were involved in their care planning and there were meetings for people to voice their opinions and views.

Good



Is the service well-led?

The service was not consistently well-led.

The registered provider did not always keep records of financial transactions.

The registered provider sought the opinions of staff and gave feedback on changes and checks carried out at the home.

Notifications were not submitted to the Care Quality Commission as required.

Requires improvement



Malvern 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.

This inspection took place across two dates, 21 September and 25 September 2015. The first day of the inspection was unannounced. This means we did not give the provider prior knowledge of our inspection. The second day was announced.

The first day of the inspection was carried out by two adult social care inspectors. The second day was carried out by one adult social care inspector.

On this occasion we did not ask the provider to complete 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.

Prior to the inspection we reviewed a variety of information to aid our inspection planning. We reviewed notifications the provider had sent us, and reviewed information provided by the safe guarding authorities. We also met with members of the safeguarding authorities prior to the inspection. This was to ensure we gained their feedback prior to the inspection being carried out. We included this information within our inspection planning.

We spoke with four people who lived at Malvern House, one staff member and the registered provider. We spoke with one relative by telephone. We also reviewed two care records, medicine records and two staff files. We reviewed minutes of meetings held with staff and people who lived at the home and completed surveys.

Is the service safe?

Our findings

People told us they felt safe. Comments we received included, “Yes. I’m safe.” And, “They keep me safe here.”

We saw documentation that showed us some risks were assessed. We saw a mobility assessment had been completed. We spoke with the person who told us staff followed the risk assessment to ensure their safety was maintained and the staff we spoke with were knowledgeable of the risk assessment in place.

We also saw the registered provider had responded appropriately to an allegation of abuse. The registered provider had alerted the appropriate authorities and had completed a risk assessment to ensure the risks to the person were minimised.

The registered provider told us they would report any allegations of abuse to the local safeguarding authorities. However during the inspection we found evidence this was not always carried out.

We were provided with a document which showed a person who lived at the home had been found in the local area on five separate occasions in 28 days. The document described the person as “wandering” and “confused.” We noted on one occasion the person was found to have scratches on their face and on a further occasion they were “shouting for help.” We noted an action on the document that a risk assessment was to be completed immediately.

We looked at the person’s corresponding care plan and saw it had been completed in July 2015. However, this was after the five incidents had occurred. The document detailed the risk reduction measures in place to maintain the person’s safety if they left the home. In the care record we viewed we could see no other assessment in place to manage the risks associated with the person leaving the home. We discussed this with the registered provider who told us they had not completed a risk assessment previously. They explained they had carried out their own assessments and had referred the person to other health professionals for investigative tests.

Following the inspection the provider sent us a care protocol relating to the person. We saw this instructed staff

to be observant of the persons clothing and that they may be needed to be reported as a missing person. We saw this had been reviewed in March 2015 prior to the incidents occurring.

The lack of prompt intervention placed the person at risk of harm or abuse.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Safe care and treatment) as the registered provider had not assessed the risk to the health and safety of the person.

We asked the registered provider if they had informed the local safeguarding authorities of the incidents as they had occurred. The registered provider told us they had not as they did not consider the person to be vulnerable. They told us they had reported the incidents to the safeguarding authorities after the last incident occurred. This was following a discussion with the persons’ doctor. We considered the incidents should have been escalated to the safeguarding authorities to enable effective investigations to take place and when required, implemented to protect people from abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Safeguarding service users from abuse and improper treatment.)

We discussed staffing with the registered provider. The registered provider said they were currently recruiting a further member of staff and there were on call arrangements in place if staff required additional support. The registered provider told us they also worked at the home.

The registered provider told us there were five people in residence at the home and staffing was arranged to meet peoples’ needs. We were told one person required help from two staff and staff were made available at the time support was required. We discussed this with the person who told us this was the case. They told us they were supported by two staff and they did not have to wait for help. The staff we spoke with confirmed this.

We asked the registered provider what arrangements were in place to support people if they required support to attend hospital appointments or participate in external activities. The registered provider told us staff worked in a flexible manner and their hours of work were arranged

Is the service safe?

around peoples' needs. During the inspection we saw a staff member attended the home to support a person with an external activity. The person told us this had been arranged in advance at their request.

During the inspection we saw people did not have to wait for support. Staff were available to meet their needs and we saw staff sat with people and chatted with them if people agreed to this. We asked the people who lived at the home if staff supported them quickly if they requested help. They told us, "There's always someone here." And, "Yes."

We reviewed documentation which showed us a process was in place to ensure safe recruitment checks were in place. We asked one staff member if they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helps ensure unsuitable people are not employed by the home. They told us they had. We also viewed two staff files which confirmed suitable checks were in place.

During this inspection we checked to see if medicines were managed safely. We looked at a sample of Medicine and Administration Records (MAR) and saw the record and amount of medicines at the home matched. This showed us medicines were available and had been administered as prescribed. Medicines were stored safely in a locked room and we saw only authorised staff had access to this area. This helped prevent the misuse of medicines.

We observed medicines being given. We saw the administering staff explained what the medicine was for and asked if they were ready to receive it. We saw the person was given a drink prior to receiving their medicines

and the staff member stayed with the person while they took them. The staff member told us they had received training to enable them to administer medicines safely. They also said they received verbal feedback from the registered provider when audits of medicines were carried out.

During the inspection we noted windows could open freely. This posed a risk of harm or injury if a person fell from them. We discussed this with the registered provider who responded positively to our comments. On the second day of the inspection we met the maintenance person who told us they were sourcing appropriate window restrictors for the windows at Malvern House. Following the inspection we spoke with the registered provider who told us the work had been completed.

During the inspection we asked the registered provider what checks were carried out to ensure the safety of the environment in which people lived. We were told fire safety checks were carried out and we saw evidence of this. We also saw electrical testing was carried out as required. We asked the registered provider what checks were carried out to minimise the risk of scalds from hot water. The registered provider told us all taps were fitted with regulators to minimise the risk of scalds and these were checked annually. They told us they did not currently check the temperature of the water but would do so in future.

We asked the registered provider how they reviewed the number of incidents and accidents within the home. They told us they reviewed the accident book as soon as any incidents occurred to ensure any trends were identified.

Is the service effective?

Our findings

We spoke with people who told us they considered the care was good. One person told us they were currently accessing further health professionals to ensure their health needs were identified.

We viewed records that demonstrated people were supported to access other health professionals as required. We saw the conclusion of any appointments was recorded. For example we saw one person had undergone investigative tests. The outcome of this was documented within the care records. This helped ensure staff remained up to date with the peoples' current health status.

We asked people who lived at Malvern House their opinion of the food provided and received varied feedback. Three people told us the food was good and they had choice. We viewed a menu which was varied and contained meals such as fish pie, chilli, stir fry and roast meats. One person told us, "Of course the food's alright. I'd say if it wasn't. A further person said, "I like the breakfast." One person told us they did not always like the meal provided, but they were always offered and provided with an alternative that was acceptable to them.

We spoke with one relative who told us they had no concerns with the food provision at Malvern House.

Staff told us if a person declined a meal they would provide an alternative. We viewed the food supplies in the home and saw there were supplies of cooked and frozen meats, fresh and frozen vegetables and a variety of fresh fruits. We also saw there was bread, yogurts, cakes, biscuits and cereals available.

During the inspection we observed the lunchtime meal being served to people. We saw the food was attractively presented and drinks were available throughout the meal. During lunch we saw staff were calm and unhurried and we observed the atmosphere to be relaxed with an emphasis on social interaction. We saw staff encouraged people to converse and relax with hot drinks after eating their meal.

Throughout the inspection we saw hot drinks were available for people if they chose to make their own. We observed there were tea and coffee facilities in the dining room and we saw people helping themselves to these as

they wished. In addition we saw hot drinks were also provided at set times throughout the day and fresh fruit was available in the dining room and in peoples' bedrooms.

We discussed the catering arrangements with the registered provider. They told us people who lived at the home were not permitted to access the kitchen for safety reasons. We asked if a risk assessment had been completed regarding this and were told it had not. They assured us if people wished to do so; they could make their own snacks and simple meals. The registered provider explained the ingredients would be brought to the dining area for people to access. We asked people if they were happy with the arrangements in place and they told us they were. One person told us, "I'm not bothered."

We saw peoples weight was monitored to ensure any fluctuations in weight could be identified and action taken if required. The registered provider told us they considered nutrition to be integral to the maintenance of health. They explained that on becoming legally responsible for the home they had reviewed the menus in place and had introduced a more balanced diet. For example they had introduced breakfast cereals and toast, rather than a daily fried breakfast. They had also introduced fresh fruit.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered provider. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered provider told us there were currently no DoLS in place and none had been applied for. They told us they were currently awaiting contact from the local authorities as they had requested an assessment of needs be carried out for a person who lived at the home. They told us this included a mental capacity assessment. The registered provider told us they would not restrict people from leaving the home, they would ensure people were supported by staff to maintain their safety.

Is the service effective?

We viewed a care record which showed us a person was to be supported by staff if they left Malvern House and saw this had been signed by the person. This was a restrictive practice as the person was subject to continuous supervision when outside the home. The registered provider told us they believed the person had the capacity to make their own decisions. We discussed this with the registered provider who told us they would apply to the appropriate bodies for a DoLS authorisation. Following the inspection we received an email from the registered provider confirming this had been done.

We asked a staff member to explain their understanding of mental capacity. The staff member we spoke with told us they believed this was a person's ability to make a decision. They told us the people at Malvern House had the capacity

to make decisions and therefore they could not be prevented from leaving the home or making their own choices. The staff member told us if they felt a person lacked the capacity to make a decision they would contact the registered provider for further advice.

We asked to see records of training and development. We were provided with a training matrix which showed staff had completed training in areas such as fire safety, infection control, safeguarding, moving and handling and medicines. We also viewed one staff file which evidenced this. Staff told us they had received supervision from the registered provider and we saw documentation confirmed this. The staff member told us they could also approach the registered provider outside of formal supervision if they had any concerns or needed clarity in any areas.

Is the service caring?

Our findings

During the inspection we asked people if they felt cared for. People told us they believed the staff cared for them and knew them well. Comments we received included, “They’re very good. I’m happy here.” Also, “The girls know how to look after me.”

We spoke with one relative who told us they found staff to be polite and respectful and they believed the staff knew their family member well.

During the inspection we saw staff responded to people with empathy and compassion.

We observed one person became unwell and staff responded promptly by sitting with the person and offering reassurance until medical support arrived.

We observed staff approaching people and asking if they were well, if they needed any help or asking what they were doing. Our observations showed people welcomed this and staff discussed with them their plans for the day, what they wanted to do and the support they needed. We saw this was appreciated by people who lived at Malvern House.

We observed a staff member helping a person to complete a word search. We also saw staff spoke with people about things that interested them. We observed a staff member discussed a documentary with a person and the person appeared to enjoy this.

Staff were seen to be respectful. If people wanted to spend time in their room, we observed staff knocked and waited for permission to enter before doing so. We also saw staff did not interrupt people when they were talking amongst themselves and waited for conversations to finish before speaking with them.

We observed the interactions between the registered provider and people who lived at the home. We saw people spoke without hesitation with the registered provider and the registered provider was professional in their response.

We spoke with two people who told us staff encouraged them to be as independent as possible. One person told us, “I can’t be bothered most of the time but staff try to help me do things.” A further person said, “I don’t want to do a lot here but they still ask me.”

The provider told us people who lived at the home had access to advocacy services. This was confirmed by speaking with one person who lived at the home. They told us the provider had asked if they wished to access an advocate. The person told us they had declined this. This demonstrated people had access to appropriate services outside of the home to act on their behalf.

The staff we spoke with were respectful when speaking about people who lived at Malvern House. They were able to describe the needs and preferences of people and told us they aimed to ensure people lived as independently as possible. One staff member said, “I come to work to help people live a good life.”

Is the service responsive?

Our findings

During the inspection we saw people were supported in a responsive manner. We saw one person was supported to engage with the local community and they told us it had been their choice to arrange this with staff in advance. People told us they could choose what they wanted to do and they were happy with this.

We spoke with one relative who told us their family member was encouraged to take part in activities and excursions.

We saw there was a daily routine in place. Mealtimes took place at regular intervals throughout the day. We asked the opinions of four people who lived at the home. Three of the people we spoke with were happy with this. One person told us they had got used to the routine.

We discussed this with the registered provider. They told us when they became the registered provider they had noted there was no structure to peoples' days. They told us people were often in their bedrooms and opportunities for social interaction were sometimes limited. They told us they had consulted with people and had introduced a daily routine. We saw minutes of a meeting which confirmed people had been consulted. People we spoke with confirmed they could attend meetings if they chose to do so.

We saw activities were discussed with people who lived at Malvern House. People had discussed the days on which activities took place and the location of trips out. The registered provider told us they were keen to encourage people to engage in the local community. People also told us they were able to participate in activities if they wished. Two people told us they were asked to take part but they chose not to and one person told us they had enjoyed a recent excursion to a local resort.

We asked the registered provider to explain the care planning process in place if a person moved to the home. We were told people were involved in their care planning and if the person consented, other people who were important to the person were also included in this. We spoke with one person who confirmed they had been involved. They told us they didn't want a copy of their care plan, but they had been consulted. We asked if their views had been taken on board and they told us they had.

We saw a complaints policy was in place to enable people to voice any concerns they may have. In addition to this we saw minutes of a "residents meeting" which demonstrated people had been informed of this. The minutes showed people had also been informed of their right to contact other outside agencies if they were unhappy.

Is the service well-led?

Our findings

Malvern House is managed by an individual registered provider who manages the day-to-day running of the home. They became legally responsible for the home in June 2015.

People at Malvern House told us the registered provider was often at the home and they had regular contact with them. They told us, “[The provider] is here every day and comes to see us.” And, “I know [the registered provider]. She’s alright.” One person told us they spent a lot of time out of the home but the registered provider was often there when they returned.

We asked people their opinion of the registered provider. We were told, “She’s friendly enough.” And, “She’s ok, she sorts stuff out.” One person gave us a ‘thumbs up’ in response to our question and a fourth person declined to comment.

We spoke with one relative who told us they had met the registered provider at a meeting and had found them approachable.

During the inspection we discussed the incidents regarding a person being found in the local area. We discussed this with the registered provider who confirmed this had not been notified to the CQC after they had reported the incidents to the safeguarding authorities. We reviewed the notifications submitted to the CQC on our system and found no evidence the required notification had been submitted to us.

Providers of registered services are required to report certain incidents and occurrences to the CQC to ensure effective monitoring of services and further investigations can be carried out if required.

We also discussed a further allegation of abuse with the registered provider. Although this had been reported to the safeguarding authorities, we could find no evidence the CQC had been notified of this. When asked, the registered provider told us this was an oversight and we received the required notification following the inspection.

It is a legal requirement providers notify the CQC without delay of any allegations of abuse, however there was no evidence to demonstrate this had been done. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

As the evidence through out this report demonstrates, the provider did not have effective quality assurance systems in place to identify where quality and safety was compromised. Systems were not in place to safeguard all people against risk and ensure appropriate care was delivered to meet individual needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good Governance.)

During the inspection we were told by the registered provider that people may fund part of their care. The registered provider told us the fee paid to the home by the funding authorities covered the accommodation, personal support from one staff, laundry and meals. They explained if people required support from more than one staff there was an extra charge for this. The registered provider told us at present only one person was paying extra for their additional care, and on one occasion had recompensed the registered provider for personal aids purchased on their behalf.

We spoke with the person who confirmed this was the case. They told us they were happy with this arrangement. We asked the registered provider to explain the records they kept to ensure a clear audit trail was maintained in this instance. We were told they had not kept any records in relation to the specific transactions discussed. We asked if invoices or receipts were given and records of these kept. The registered provider told us they were not. They told us they would ensure this was carried out in future.

During our inspection we saw people knew who the registered provider was. We saw people approached them and spoke with them and the registered provider spent time with people and addressed them by their names.

We observed the interactions between the registered provider and the staff. We saw staff approached the registered provider freely and without hesitation if they required information and the staff we spoke with told us they felt well supported by them. They told us they were encouraged to discuss any concerns or comments openly. They also told us the registered provider routinely attended the home and requested a handover from staff. The staff member said, “[The registered provider] likes to stay up to date with everything.”

We asked staff how they could obtain further advice or support if the registered provider was not at the home. We were told there was an on call system in place and contact

Is the service well-led?

numbers were available to seek guidance if this was required. We saw documentation which evidenced this. This demonstrated there was a system in place to ensure staff could access advice, support or report concerns as required.

We saw medicine audits were carried out and these had been completed on a monthly basis. The audits we viewed did not identify any shortfalls but we were told by staff if areas of improvement were identified these were discussed with them to minimise the risk of reoccurrence. The registered provider told us they reviewed the care records monthly to ensure they were accurate and documentation reflected the preferences and needs of people who lived at the home. The documentation we viewed was up to date and we saw evidence peoples' care needs were reviewed regularly.

We asked the registered provider how they communicated changes and sought feedback from staff. We were told staff meetings took place and they had also provided staff with a survey to complete. We saw three staff surveys had been completed and the feedback was positive. The surveys indicated staff were able to approach the registered provider and their training needs were met.

We also viewed minutes of a staff meeting. The minutes demonstrated the registered provider discussed areas such as staffing arrangements and the results of medicine audits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Safeguarding service users from abuse and improper treatment.)</p> <p>People were not protected from abuse and improper treatment as the provider failed to implement systems and processes to ensure that all instances of abuse were reported appropriately to external authorities.</p> <p>Regulation 13 (1) (2) (3)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Safe care and treatment.)</p> <p>Risks to people who used the service were not always assessed. Regulation 12 (1) (a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good Governance.)</p>

This section is primarily information for the provider

Action we have told the provider to take

There were ineffective systems in place to identify, monitor and assess the risks relating to the health, safety and welfare of people who use the service. Regulation 17 (1)(2) (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

Regulation 18 Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

The provider had not notified us, without delay, of allegations of abuse in relation to service users.
Regulation 18 (1) (e)