

Maison Care Ltd

Little Paddocks

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Little Paddocks is a residential care home providing accommodation and personal care for up to eight autistic people and people with a learning disability. At the time of the inspection eight people were living in the service.

People's experience of using this service and what we found

The provider had processes in place to check staff were safely recruited; however, these processes were not always effective.

We have made a recommendation about the provider's recruitment processes.

Relatives did not always feel involved in planning and reviewing people's care or kept up to date about changes in the service. Relatives did not always feel their concerns had been responded to promptly by the provider.

The service had undergone several changes in management structure since the last inspection and a new registered manager had only recently come into post. People, relatives and staff spoke enthusiastically about the changes the registered manager had introduced and the positive impact this was starting to have on the service.

People told us they felt safe. Risks to people's safety were assessed and staff knew how to report any concerns. There were enough staff available to meet people's needs and staff received an induction and training relevant to their role. Staff told us they felt supported and valued.

Staff followed safe infection prevention and control processes and guidance was available to support staff during the COVID-19 pandemic. People received their medicines as prescribed and staff had received medicines training.

People told us the staff were kind and caring. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems in place to monitor the quality and safety of the service and worked effectively alongside other health professionals to meet people's needs. People and relatives spoke positively about the culture and management of the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The size of the service was in line with current best practice guidance and the homes were personalised to reflect people's individual preferences. People were involved in making decisions about their home and told us they were happy living with their housemates. People were supported to make decisions about their daily care and staff understood people's personal preferences and support needs. Staff promoted people's independence and were respectful of their privacy and dignity. People were supported to find employment opportunities and to take part in activities within the local community. The new registered manager and staff team were working to make improvements to ensure people and relatives were fully involved in planning their care and to ensure people were supported to achieve good outcomes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 6 June 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Little Paddocks

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Little Paddocks is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and support workers. We reviewed a range of records. This included three people's care and medicines records, three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to review the provider's training and quality assurance documentation and we spoke with two professionals who have contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff available to meet people's needs. One relative told us, "There seems to be enough staff and there's always someone available to support [person]."
- The provider had carried out relevant recruitment checks prior to staff being employed. However, some applicants did not have a full employment history documented. Following the inspection, the registered manager confirmed this was now in place.

We recommend the provider considers current best practice guidance for the safe recruitment of staff

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed. However, information relating to these risks was not always easily accessible for staff. The registered manager told us this was because they were in the process of transferring information onto an electronic system and some information was not yet included in the new format.
- Following our feedback, the registered manager confirmed information about risks to people's safety had now been transferred into the electronic care plan making it easier for staff to access this information when needed.
- Relatives told us they felt people were safe. One relative said, "I've no concerns about [person's] safety, I'm always really reassured by how well the staff care for them."
- Staff knew people's needs well and were able to tell us what the risks to people were. We observed staff responding to people's needs promptly and supporting them safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had a safeguarding policy in place for staff to follow and the registered manager had reported safeguarding concerns appropriately.
- Staff had received safeguarding training and knew how to raise concerns. One member of staff told us, "I would speak to the manager straight away if I had concerns and they would report it and make sure people were safe."
- The registered manager kept a record of the safeguarding notifications raised and the investigations completed in response to these.

Using medicines safely

- People received their medicines as prescribed. Medicines Administration Records (MARs) were in place and staff had signed to confirm when medicines had been given.

- Staff had received medicines training and their competency to administer medicines had been assessed.
- The registered manager completed regular audits to ensure medicines were being administered safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager had shared any lessons learnt from incidents with staff via team meetings and supervisions in order to minimise the risk of a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving care.
- The provider had responded to changes in people's needs, adapting their care as appropriate. For example, the provider had responded to a deterioration in a person's mobility needs by seeking input from the occupational therapist and updating their risk assessment guidelines.
- The provider ensured there were up to date policies and procedures in place to offer guidance for staff and reflect best practice.

Staff support: induction, training, skills and experience

- Staff received an induction when they started. One member of staff told us, "I did an induction booklet and spent time shadowing staff in the service, getting to know the people who lived there."
- Staff who did not have any previous experience in care were supported to complete the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff.
- The provider had a system in place to check when staff had completed their training and what training was still outstanding. Where staff had not completed their training within the agreed timescale, the registered manager spoke to the relevant staff and monitored their training to ensure completion.
- Staff told us they felt they had received sufficient training for their role. One member of staff said, "I'm happy with the training, it's more than enough for the job and there's always someone around to help if you're not sure about something."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to make choices about what they would like to eat and drink. One person told us, "I plan a menu and say what I would like to eat, and staff help me with my shopping delivery."
- Staff created pictorial menus to support people in making meal choices. We observed staff offering people a range of different snacks and drinks during the inspection.
- People's care plans contained eating and drinking guidelines and identified any risks or support needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend a range of healthcare appointments including visiting the GP, dentist and chiropodist.
- The provider had involved healthcare professionals in people's care when appropriate including making referrals to the Falls clinic and seeking support from community nurses.

Adapting service, design, decoration to meet people's needs

- People were supported to design and personalise their own living spaces and the service appeared well maintained and homely.
- The registered manager told us they had recently completed refurbishments to improve some of the communal living areas, this included installing a new kitchen in one of the bungalows.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to consent had been assessed and, where appropriate, the provider had made DoLS applications to the local authority.
- Staff asked people for their consent before offering care and people's care plans contained information about how to support their decision making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the care provided. One person told us, "I like every single one of the carers, they're all brilliant." A relative said, "The carers do an excellent job, and [person] always seems happy."
- Staff were kind and caring in their support. People appeared comfortable with staff and their interactions were positive. Staff knew people well and were able to respond to their individual needs
- Staff received equality and diversity training and people's religious and cultural needs had been considered during the initial assessment process. However, the information recorded about people's equality and diversity needs lacked detail. The registered manager told us they planned to improve this part of the assessment process to ensure more detail was included in the future.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their daily care. We observed staff offering people choices about what they would like to do and what they would like to eat and drink. People were offered clear alternatives and staff used visual aids to support people to make decisions.
- People's care plans contained information about how to involve them in their day to day care. For example, one person's care plan stated '[Person] is able to make choices when two items are offered, and the physical items are shown'.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. One relative told us, "Staff are respectful. They know [person] well and know how they like to be spoken to." Another relative said, "Staff took the time to get to know [person] and how they like to be supported."
- The registered manager completed a monthly dignity audit to review how people's dignity was promoted and identify any areas for improvement.
- People were supported to maintain their independence. For example, for one person whose mobility needs had recently changed, staff were encouraged to assess their level of independence on a daily basis and adjust their support accordingly to ensure they were still able to do as much as possible for themselves whilst ensuring they remained safe.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives told us they did not always feel involved in planning and reviewing people's care. One relative said, "I've not been involved in care planning at all." Another relative told us, "There have only been occasional reviews and the care plan we saw had pages missing and no date."
- People's care plans did not always contain clear guidance about their needs or preferences and information was difficult to find. One relative told us, "There is not enough information in their care plan about how to respond to [person] when they're feeling upset."
- People's involvement in their care plans was not always evident; where people were unable to sign their own care plans no information had been included about how they had been involved.
- Despite the gaps in people's care plan documentation, people were supported by staff who knew them well and were able to tell us how they liked to be supported. The registered manager had only recently come into post and told us they were aware of the need to improve the care planning process and had already started to implement changes in the documentation.

Improving care quality in response to complaints or concerns

- Relatives told us there was a lack of communication from the provider and when concerns were raised these were not always addressed promptly. One relative said, "I previously raised concerns about the lack of regular updates, but I never heard anything more about it." Another relative said, "They are not very good at communicating when there are changes in the service, I have said that to them before but nothing's changed."
- Relatives told us they did not always feel there was a clear process in place for communicating with the provider or reporting concerns. One relative said, "When I wasn't happy with something there didn't seem to be a clear process in place to follow."
- The provider told us they had not received any formal complaints; however, they were implementing improvements in how they communicated with relatives including introducing a regular newsletter.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to make choices about how they spent their time and were supported to take part in a range of activities and employment placements.
- Relatives told us they did not always feel people were given enough encouragement to try different activities. One relative said, "Some staff are very good at knowing how to encourage [person], others won't try so much."
- People's care plans did not always give enough information about what was important to them or how to

support them to maintain relationships. However, the registered manager told us they were in the process of updating this information to ensure it included more detail.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory and communication needs had been considered by the provider during the assessment process.
- The provider had produced easy read versions of relevant information and guidance for staff to share with people living in the service.

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- The registered manager was in the process of implementing new end of life and advance planning care plans to consider people's future end of life wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relative's told us they did not always feel they had been kept up to date about changes to management or staffing. However, they spoke positively about the recent improvements made under the new registered manager. One relative told us, "It has been unsettled and we aren't always told about changes, but I've seen lots of improvements since the new manager has arrived." Another relative said, "The atmosphere is lovely, it's very calm and settled now. It's definitely improved."
- Staff spoke positively about the support they received from the registered manager. One member of staff said, "The new manager has been like a breath of fresh air, they are so supportive and always there for you if you want to talk." Another member of staff said, "The manager is so easy to talk to, I could approach them about anything. Everyone is working together really well now."
- The provider sent annual satisfaction surveys to people and relatives to gather their views on the service. The registered manager told us they planned to implement more regular communication with relatives in the future to ensure they were kept up to date and able to feedback.
- Staff told us they felt involved in making decisions about the service and were able to give regular feedback via staff meetings and supervisions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager completed a range of audits to monitor the quality and safety of the service. These included monthly reviews of medication, environmental safety and accidents and incidents.
- The provider understood their regulatory responsibility to submit notifications to CQC and the registered manager had submitted appropriate notifications when required.
- The provider was aware of their responsibility to be honest with people when things went wrong. The provider had investigated incidents and been open with those involved.

Continuous learning and improving care; Working in partnership with others

- The registered manager had developed positive partnership working with other health professionals in order to develop people's care. One health professional told us, "The manager has worked holistically with us to build a relationship." Another professional said, "The manager is always welcoming, friendly and professional."

- The registered manager told us they planned to improve the service by providing stability and developing staff knowledge. They told us, "I have only recently started the role and I think it's important to give people and staff stability; let them know I am here and available. I want to build staff confidence, develop their training and support them to learn new skills."