Malvern View (Lydiate) Limited

Maple Leaf Lodge

Inspection report

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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection on 6 August 2014. At the last inspection on 7 November 2013 there were no areas of concern. Maple Leaf Lodge provides accommodation and care for up to 12 people who have a learning disability. There were 10 people living at the home when we visited and there was 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 positive about the care they received and the staff at the home. Our observations and the records we looked at supported this view.

Summary of findings

People told us that they felt safe and well cared for. Staff were able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs. We found that additional redecoration work was required in the communal areas of the home.

People told us and we saw that their privacy and dignity were respected. We saw that the care provided took into account people's views and input from their relatives. Guidance and advice from other professionals such as social workers had also been included.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection all people were currently being assessed for DoLS.

We found that people's health care needs were assessed, and care was planned and delivered to meet those needs. People had access to other healthcare professionals such as a dietician and a chiropodist.

People were supported to eat and drink enough to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with both internal and external training how to care for people who lived at the home. They also felt supported in their role with regular supervision and leadership from the registered manager. Staff were confident that any concerns raised by them or on behalf of people who lived at the home were dealt with.

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 safe.

People who lived at the home were not cared for in an environment that had been adequately maintained.

The Mental Capacity Act (2005) code of practice was being met. People received care and treatment from staff that understood how to keep them safe and free from potential abuse. At the time of the inspection 10 applications for Deprivation of Liberty Safeguards (DoLS) had been submitted.

There were enough staff on duty to meet the care and social needs of people who lived at the home.

Requires Improvement

Is the service effective?
The service was effective.

People's needs, preferences and risks were supported by staff that had up-to-date information specific to people's needs. Information in the care records were consistently followed.

Staff were trained and supervised and felt supported in their role.

People enjoyed their meals and had a choice about what and where to eat.

Good

Is the service caring?
The service was caring.

Staff provided care that met people's needs and took account of people's individual preferences. People were supported to maintain their independence, privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were supported by staff or relatives to raise any comments or concerns with staff and these were responded to appropriately.

People were able to make everyday choices which we saw during our visit. We saw people engaged in leisure pursuits and had been able to access the local community.

Good

Is the service well-led?
The service was well-led.

People were listened to and staff were approachable.

The registered manager and provider monitored the quality of care provided and improvements had been made.

Good

Maple Leaf Lodge

Detailed findings

Background to this inspection

The inspection team consisted of one inspector, a specialist advisor who was a consultant clinical psychologist and an expert by experience who had experience of using a service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. We looked at the statutory notifications the manager had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed information we received from the local authority commissioners and the provider's information return. This is information we asked the provider to send us to explain how they are meeting the requirements of the five key questions: is the service safe, is the service caring, is the service effective, is the service responsive and is the service well-led?

This inspection took place on 6 August 2014 and was unannounced. There were no areas of concern identified on the previous inspection on 7 November 2013. During the inspection, we spoke with six people who lived at the home, six care staff and the registered manager.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at two records about people's care, staff duty rosters, two staff recruitment files and audits about how the home was monitored.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe in their home and that staff supported them well. Three people told us that staff helped them but also encouraged them to do things on their own. One person said, "I like it here. I have been here for close to two years now and I can access the community with ease. Even though transport can be a hassle for others it does not faze me. I know all the bus routes and times. I am very independent'.

Staff were aware of people's abilities and where further support was required to keep them safe. For example, staff had realised that one person who accessed the community required their intervention to protect them from financial abuse. Staff took steps to ensure the person was protected and strategies were in place to reduce the risk of this happening again.

Staff told us how they kept people safe and told us they were confident to report any signs of abuse. They were clear that they would report concerns to the registered managers or area manager. We reviewed information sent to us by the registered manager, which demonstrated the correct procedures had been followed. For example, contacting the local safeguarding team and working with them to ensure that people were supported to remain safe in the home.

We saw that plans were in place that made sure staff had information to keep people safe. Where a risk had been identified it detailed how to minimise or manage the risk. For example, we saw plans in place to support one person when out in the community. Staff told us how they supported them and confirmed that the person received this support.

The provider had identified where people may require restraint as part of their care to keep them and others safe. There were detailed plans in place for staff to follow. These included ways to distract the person before using any medicines or physical restraint. Staff told us they were confident with this and that they had received training. This included ways to distract people and if necessary a safe way to physically hold a person.

We checked to that there were enough staff to meet people's individual needs. We saw that people were supported by staff that had time to respond to their individual needs and care for them. We saw that there were enough staff to monitor people and assist people with tasks and social interactions. During our observations people were supported to clean their home, attend medical appoints and go with staff on walks in the community.

The registered manager told us how they ensured they had enough suitable staff on each shift to meet the needs of people who lived at the home. They kept a review on people's needs, listened to staff feedback and looked at the hobbies and interests that people requested. We also saw that people had input into the staffing arrangements. For example, people had requested longer shift patterns which had been introduced. Staffing shifts were currently under review to ensure that people's needs and interests were supported by a consistent staff team.

We looked at how the Mental Capacity Act (2005) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We also looked at 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.

We saw in two care records that mental capacity assessments had been completed and included what areas of care these related to, for example personal care.

Training had been provided to all staff in understanding the Mental Capacity Act. All staff we spoke with told us they were aware of how placing restrictions on people's choices and freedom could be potentially required a DoLS application and would refer any concerns to the registered manager. The registered manager and provider knew of a judgement made by the Supreme Court in March 2014. The judgement meant that restrictions that previously would not have needed DoLS authorisation would need to be reviewed by the local authority.

We saw that they had asked the local authority for further advice and all people had now had applications submitted as the registered manager felt they had placed restrictions on their liberty. The registered manager was awaiting the authorisation outcome. People who lived at the home were supported by staff that knew when an application needed to be made. This ensured that staff were able to identify restrictions to people freedom.

People we spoke with were keen to show us their rooms and were very proud of them and the way they had been

Requires Improvement

Is the service safe?

made personal to them. People did not comment on the rest of the home. During the inspection we were concerned about the state of repair in the communal and outside areas of the home that did not promote people's well being. For example, we saw cracks in the walls, missing drainpipes and communal rooms that required redecorating.

We spoke with the registered manager regarding this. They told us the provider had plans in place to replace the kitchen and some repairs to the external building and equipment in the garden. We saw that additional work would still be required in the communal areas of the home. For example, cracks in the walls around many of the doorways and general decoration of the dining and games room. In addition, some areas in the dining room had large padlocks to cupboards which did not promote an inclusive atmosphere for people. Improvements or on-going maintenance of these areas had not been planned or considered at the time of our visit to improve these areas for people who lived at the home. This meant people who lived at the home were not cared for in an environment that had been adequately maintained.

Good

Is the service effective?

Our findings

During our observations staff demonstrated that they had been able to understand people's needs and had responded accordingly. We saw that staff respected people's personalities and routines when talking with them and were able to tell us about the person's life history. One person said, "Staff listen to me".

People's choice and staff skills and had been assessed when matching a 'key worker' with them. The registered manager explained that a 'key worker' had responsibility to provide continuity of care, lead on the person's care and help review and update the care plan for that person. One person told us they felt staff, "Were appropriately trained and were fully versed with their duties" One staff member said, "[Person] requested me as their key worker and we have a good relationship".

We observed people having breakfast, snacks and their afternoon meal. One person said, "I am a good cook. Sometimes staff support me to cook chicken korma. That's my favourite. I use jars. I also like cooking gammon". Staff ensured that people had a choice of food by asking them or showing them visual choices. We saw that some people went to the kitchen with a staff member to prepare their lunch. One staff member told us, "They come in the kitchen with us if they want. We all try and involve them as much as we can. It helps them to take pride in where they live".

We looked at people's care records and saw that dietary needs had been assessed. 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.

Records showed that people got to see other professionals to help them maintain a healthy lifestyle. For example, people received regular appointments with consultants, social workers and dentists. This meant that staff had the information available to support people's health and nutritional needs.

People were supported to attend consultant reviews, dentist, opticians, social workers and other health professionals in support of the care received at the home. Staff told us that they recorded and took appropriate action if they were concerned about people's health. For example, contacting the doctor for an appointment. One staff member said, "I notice changes where someone needs to see a doctor then we arrange it. Also, sometimes changes can be in people's behaviours or interests can indicate a change in their health".

All of the staff we spoke with told us that they felt supported in their role and had regular one to one meetings with the registered manager. One staff member told us, "The support is good here and I am happy to ask for support if I feel I need it". Staff felt supported in delivering care to people which met people's needs.

Staff had received regular training and future training courses had been booked. The subjects included healthy eating, diabetic awareness and moving and handling. One staff member said, "There is always training, and I cannot think of anything further I need at the moment". Another staff member told us, "I know how to look after the people here, if I needed to know anything I would ask for further training and that would be looked at".

We saw the provider had an 'open door' policy which allowed staff to sit and chat with managers during the day if they had an issues or problems, giving staff the support they needed to conduct their role. We saw staff visited the manager's office to speak with them during our inspection.

Good

Is the service caring?

Our findings

Five people we spoke with told us they liked living at the home and felt the staff supported them well. Three people we spoke with had keys to their rooms and were able to lock their door. Staff were still able to access these rooms in case of an emergency. One person said, "They [staff] give me choices and alternatives. Staff also respect my dignity. They knock on my door before entering'".

We observed that two people spoke with the registered manager about worries they had. The registered manager responded with warmth, understanding and ensured they were listened to.

Staff were aware of people's everyday choices and were respectful when speaking with them. Staff ensured they used people's names, made sure the person knew they were engaging with them and were patient with people's communication styles.

People told us they got to do the things they enjoyed and were confident to approach staff for support or requests. One person said, "I like it here and get on well with staff. I love my room and the staff help if I need it". Another person said, "I can talk to you [staff member], can't I'. One person who was happy to show us their room also shared their care plan with us. They kept this in their room and were able to show us the care and support they wanted and received.

We saw that people were confident when approaching staff for requests or support. Staff held conversations with people whilst being mindful of people's humour and preferred communication style. For example, using objects for reference and hand gestures.

We observed staff as they provided care and support to people who lived at the home. We saw that some people had difficulty in expressing their needs. However, throughout the inspection we saw and heard staff respond to people in a patient and sensitive manner.

We spent time in the communal areas of the home and observed the care provided to people. We saw that staff had a kind and caring approach towards people they supported. For example, the staff provided constant checks and reassurance to people. Staff were seen to listen to people's choices, respond to them and engage people in their daily lives and chores. One member of staff said, "If someone needs something we respond". One staff member said, "It's their home. I, well we [staff] all involve them as much as possible in their day to day life".

We found that staff had a good knowledge of the care and welfare needs of the people who used the service. All staff we spoke with told us about the care they had provided to people and their individual health needs. Two staff members told us about how they discussed people's needs when the shift changes to share information between the team. This helped to ensure that the records reflected the care that people received.

We saw that people were supported in promoting their dignity and independence. For example, staff helped people to prepare their own meals and offer guidance and support to clean their home. We saw that staff always knocked on people's doors before entering and ensured doors were closed when people wanted to spend time in bathroom or in their room. One member of staff said, "We help them as much as they, it's giving them the opportunity to do it themselves" and another said, "It's not me and them, we are a team".

People were supported to express their views and be involved as much as possible in making decisions about their care and treatment. Whilst reviewing records we saw people had expressed choices about their care or information had been gained from relatives or staff that knew the person well. Where people had been involved in their monthly reviews they had made decisions about what had worked well and what they would like to change next month. For example, one person had changed their hobbies and interests and one person had requested a kitchenette in their room. The registered manager told us that both of the requests were being considered.

Good

Is the service responsive?

Our findings

Two of the six people we spoke with told us staff helped them if they were unwell or had to attend an appointment with healthcare professionals outside of the home. One person said, "I can go to the doctor on my own or staff come with me". Three of the staff we spoke with told us about one person who they felt had become more outgoing and relaxed since living at the home which had a positive impact on their personality.

We observed that people had their needs and requests met by staff who responded appropriately. For example, people were supported to go to for a walk or get themselves a drink or snack. One staff member said, "If someone asks for something or to go somewhere, we are generally able to do it".

During our inspection we observed people involved in hobbies that reflected their interests and their objectives recorded within their care plans. For example, evening discos, college courses and trips to the local town. People's interests had also been supported within the home and garden with the addition of a summer house and trampoline. The registered manager also told us of the plan to reclaim an outside area as an allotment for people.

People's views about the home and their care and treatment were asked for individually at the end of each month. People told us they were happy to raise any concerns or things that worried them with the staff or registered manager. Comments had also been sought from relatives. People needs had also been considered during staff appraisals and supervisions. For example, one staff member told us they had asked one person to help them complete their appraisal so they could identify what their strengths and weaknesses were. The person had been happy to do this.

Four of the six staff we spoke with told us that people were treated as individuals, encouraged to be involved in their day to day lives and they knew each person's personalities and routines. One member of staff told us, "I involve them in everything that happens here".

We spent time with five people who wanted to show us their bedrooms. These contained personal items such as photographs, pictures and decoration. The registered manager told us that all rooms were redecorated for people on admission and people were encouraged to personalise their rooms.

The provider had received one written complaint which we saw had been resolved to the complainants satisfaction. People and staff told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. They also told us the registered manager and staff were approachable. One person said, "I can talk to [registered manager] or any of the staff. I am happy that they listen". The complaints policy was also available in an easy read pictorial format and available in their bedrooms to make them more accessible for people. A notice board in the downstairs hall provided details of an advocacy service that people could use. The registered manager told us that one person had used this service recently when the local authority had reviewed their care package.

We looked at three people's records which had been kept under review and updated regularly to reflect people's current care needs. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. We saw assessments had been made where people did not have the capacity to make a specific decision. We saw that the provider had held a meeting that included relatives, social workers, health care professional and staff to reach a decision about what was in the person's best interests.

Good

Is the service well-led?

Our findings

People were supported by a consistent staff team that understood people's care needs. All people that we spoke with knew the registered manager and staff at the home and were confident in the way the home was managed. One person we spoke with told us: "I tell them [staff] anything and they listen".

People were listened to by the provider and had been involved in their reviews. People's feedback had been used to develop their goals and care needs. We saw that the provider had held 'residents' meetings which had given people the opportunity to discuss staffing arrangements, holidays and their rooms. For example, from the last meeting in May 2014 we saw that people had been involved in staffing arrangements and discussions around their holidays. The registered manager confirmed they were now booking a holiday for all people at the home. The next meeting had been planned for 18 August 2014.

We saw the provider had systems to monitor the quality of care by completing their own inspections of the home. We saw any gaps identified from these inspections were recorded and passed to the registered manager to action. In addition, the registered manager provided their own monthly report that included when and how they had made the improvements. Although these audits had identified some improvements they had not recorded the poor condition of the walls and communal areas in the home. We recommend that the provider looks at how best to identify an environment that promotes people's well being.

We also saw the provider had completed monthly audits to monitor how care was provided and how people's safety was protected. For example, care plans were audited to make sure they were up to date and had sufficient information and reflected the persons current care needs. The registered manager had then been able to see if people had received care that met their needs and review what had worked well. For example, ensuring that people had behavioural plans that remained effective with low levels of physical intervention.

All staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "I think the home is well led. Our manager leads by example so that we can follow. There is good communication between staff and between staff and service users. I can confidently approach management if I need to", another told us, "The manager is very approachable, calm presence and good with personal work life balance". The registered manager told us that they had good support from the provider, and the staffing team.

The registered manager had monitored and reviewed the service through monthly audits. These audits looked at the environment, medication, infection control, and an analysis of incidents, accidents and falls. We found the provider had analysed these incidents and put measures in place to reduce the potential of unnecessary physical and chemical restraint. Each incident involved restraint had been individually reviewed by the registered manager and provider.

The register manager told us they were looking at best practice guidance and accredited schemes to ensure that people received the care and support that reflected national practice. For example, the National Institute for Health and Care Excellence (NICE) guidelines and Gold Standard positive behaviour plan through Worcestershire Psychology team. NICE provides national guidance and advice to improve health and social care.