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Maldon Lodge

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 

Overall summary

We carried out this unannounced inspection on 26 January 2015.

Maldon Lodge is a care home providing accommodation for up to seven people who require personal care. Maldon Lodge provides a service for people who may have mental health needs.

The service had a registered manager in place.

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.

Staff working at the service understood the needs of the people.

Staff were appropriately trained and skilled to provide care in a safe environment. There was an induction procedure in place and on the day of our inspection

Summary of findings

training was being provided to some staff at another location. The manager had arranged for sufficient staff to be on duty at the service in order that the planned training could go ahead.

The manager assessed and monitored the quality of care consistently. The provider encouraged feedback from the

people living at the service which were considered to make improvements to the service. The manager had correctly assessed people and recorded information with regard to the Mental Capacity Act 2005 and there were no Deprivation of Liberty Safeguards in place.

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 is safe.

The staff knew people and how to keep them safe. They had been trained in safeguarding and could identify signs of abuse and the correct procedures to follow.

The manager had put effective systems to manage risks to the people living at Maldon Lodge.

Senior staff were trained to administer medications

Good



Is the service effective?

The service is effective.

There were sufficient trained staff on duty and time set aside for handovers between shifts.

Staff had consulted people about their dietary requirements and a menu created as a result. There were snacks and fruit available to eat at anytime.

People were involved in their care and their day to day needs had been assessed and they had been asked about their preferences and choices.

Good



Is the service caring?

The service is caring.

Staff treat people with dignity and respect.

The service had worked closely with people and other professionals to accurately record assessments and plan care as a result.

Staff promoted people to be independent and follow the lifestyle of their choice.

Good



Is the service responsive?

The service was responsive.

People received care which was regularly reviewed with them by their keyworker to take account of any changing needs.

The service had a complaints system and had access to an advocate if any person required assistance to make a complaint.

Good



Is the service well-led?

The service was well-led.

The provider and registered manager provided development opportunities for the staff and encouraged a listening culture regarding inter-actions with the people who used the service.

People living at the service knew the staff, manager and provider and felt they could talk with any of them.

The quality of the service was effectively monitored to consider on-going improvements.

Good



Maldon Lodge

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 was carried out by one inspector over one day on 26 January 2015 and was unannounced.

Before our inspection we reviewed information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.. We also reviewed the report of the last inspection on 14 October 2013 when the service was found to be meeting the standards required at that time.

A provider information return was not available for this inspection.

We talked to four people who used the service, the provider, the registered manager and three members of care staff. We looked at four care plans, medication records and records relating to the management of the service which included risk assessments, maintenance contracts and quality monitoring information. We also spoke with two friends of people who lived at the service.

During our inspection we observed how the staff interacted with people. We looked at how people were supported during their lunch and we used the Short Observation Framework for Inspection (SOFI) SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

All the people we spoke with informed us that they were safe. One person said, “There are always staff here, so I feel safe.” Another person said, “There are always staff here at night and it is nice to have time to speak with them.”

The service had a policy and effective procedures in place for ensuring that any concerns about people’s safety were reported appropriately. Staff were aware of their responsibility to report safeguarding matters internally and also externally if they considered internal arrangements failed. Staff told us and the training records confirmed that they received regular training so they stayed up to date with the process for reporting safety concerns. All the staff we spoke with could clearly explain how they would recognise and report abuse. At the time of our inspection no safeguarding matters had been reported.

There are processes in place to assess and review risk factors and to ensure that action is taken to reduce risks where possible. We looked at the care records for four people and noted they had an up to date risk assessment. The assessments although following the same process were different for each person having identified their particular needs and associated risks. There were management plans in place detailing how to reduce the risks and guiding staff in what they should do for example how to manage challenging behaviour. The staff we spoke with were knowledgeable about the people and the content of the care plans. It was evident that in the event of incidents the staff reflected on the situation to see if any lessons could be learnt and once identified this information was added to the respective plan.

We looked at the staffing rota for the previous month and planned month ahead. We saw that the staffing complement was consistent with regard to days and nights, the skill mix and the staff on duty. The service was not using any agency staff and hence the staff working at the service were well-known to the people. The provider explained that they worked closely with the care staff to regularly assess whether there were sufficient staff available to meet people’s needs and the staffing ratio would be changed accordingly. Each of the staff we spoke with considered there were sufficient staff on duty to meet the needs of the people and they were not rushed in anyway and had time to write daily notes in the care plan.

Two people told us that their medication was given to them at the time it was prescribed. One person said told us, “the staff give me pain-killers if I ask when I have a headache. There were clear processes in place for the safe management and storage of medicine. We saw that medicine was stored securely and appropriately stored in a locked cupboard or where required in a fridge which was kept at the correct temperature. Medicines was ordered on a 28 day basis and was recorded when delivered from the pharmacy. We saw there was a returns procedure for discontinued medicine and this required signatures of the staff involved in the process. Medication administration record had been signed by staff to confirm that the medicine had been administered as prescribed. There was a clear procedures for the management and administration of medicine prescribed on an as when needed basis and staff understood and followed these in practice. We checked the stock balances for each medicine and each agreed with the respective record.

Is the service effective?

Our findings

People told us they were involved in the development of their care plan. One person said. "I told the staff what to write in my care plan."

Staff confirmed that there was a comprehensive induction and on-going training program in place. There was a training matrix detailing the dates when training that had been arranged and on the day of our inspection some regular staff were away from the service training to increase their knowledge and develop their care skills.

Each member of staff told us that they had supervision with the manager. They found this useful and said that it help them to develop their practice and skill base. They also confirmed that they had a yearly appraisal. We listened to the handover between the early and the late shift and noted that the staff knew people well and communicated effectively.

The provider had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The staff had received training with regard to MCA and DoLS during January 2015 and were knowledgeable in the subject. We saw that the MCA forms had been correctly completed and detailed with the necessary information required as to why MCA was appropriate and dates for review.

The people we spoke with said they enjoyed the food and felt that there was always plenty to eat. One person said. "The food is lovely and I have tried some different things to eat since I have been here, the nice thing is that if I did not like it, there is always something else that I can eat."

Another person told us that there were three meals per day and drinks in between and in the evening. They informed us that if they were out of the service during a mealtime a meal would be saved for them. We saw that there snacks and fruit available for people to enjoy. The staff knew the people's preferences and food choices. One person required assistance with eating their food and the staff interacted with the person in a positive manner at meal-times.

We saw in the care plans that the staff weighed people on a monthly basis and that their weights were stable. Each person had a dedicated staff member as their keyworker, and one staff member explained that this meant, that they were developed an in-depth awareness of each person and that they took responsibility to monitor the person's weight and to discuss with them any changes in diet or changes in weight.

People were supported to maintain good health. People told us that they had their own GP's dentists and opticians. Records showed that there was on-going contact with other professional services who visited the service regularly and as required to support people.

Is the service caring?

Our findings

People were pleased and happy with the care provided to them. One person said. "I am very happy living here." They felt that the staff cared for them here and said that they had never had so much independence. Another person told us. "The staff are caring and help me with the things I need them to assist me with in the morning and for going to bed."

The staff respected people's choices and worked to develop positive relationships. We saw staff spending time with a person so they were not rushed to explain their thoughts. A member of staff informed us that they considered this was extremely important to build a relationship with the person.

During our inspection we observed staff communicating and interacting with people in a friendly and supportive manner. Staff were knowledgeable about people's individual requirements. We observed staff listening carefully to people and also enjoying jokes with them while discussing current day affairs and history. We noted that the staff enabled people to be as independent as possible with regard to taking their choice of drink and snacks.

We looked at four care plans which were indexed for ease of reading and finding information. The care plans were available for the person to look at when they wished and people informed us that they had seen their care plan.

They contained information about the persons assessed needs and detailed the assistance that people needed. The plans contained information about the person's aspirations, how they liked to spend their day, personal choices and life histories.

Staff understood people's likes and dislikes and were knowledgeable about their individual care and support needs. They worked with people individually and were clear about how to support those people with complex needs or who had presented challenging behaviour and were supported on a one to one basis. They approached people in a calm manner and the manager explained that the staff would talk to the person to understand the current situation, provide reassurance and support, offer medication appropriately and consult with the local mental health team where needed.

The staff promoted and respected the privacy of people. The service kept the care plans secure, while allowing people to see their own care plans as they requested. Each person had their own room decorated to their choice of colours or wallpapers and carpet. People had chosen furniture so each room was different and contained their personal belongings. Each room had a television so the person could retire when they wished to watch television, listen to the radio, or their own music if they wished. We observed staff knocking on doors and awaiting to be asked to enter, before going into the room.

Is the service responsive?

Our findings

People living at the service informed us that the staff responded to them appropriately including when they were not well. One person said. "When I felt unwell they called the Doctor to come and see me." Another person told us. "I talk with the night staff; they come whenever I call them to assist me."

People were actively involved in decisions about moving into the home. They had the opportunity to meet with senior staff to talk about their care needs and the way in which care and support could be provided. Senior staff also gathered information about the person and their care needs from other professionals involved in their care and support. In order to help the person make the final decision about whether the home was suitable for them they were also invited to spend some time at the home and to participate in a meal or tea time.

On admission into the home an initial care plan was developed, this reflected the outcome of the assessment carried out and was aimed at ensuring everyone was clear on the care and support to be provided during their first two weeks. This allowed them to settle into the home, get to know the staff and enable them to become aware of the opportunities in the local community. The care plans were written in a positive style, detailing what the person did for themselves and highlighting where they needed some assistance. The care plans covered any physical care as well as the persons identified psychological needs. We saw that the plans were reviewed on a monthly basis and as required in response to any changes.

People told us about the activities in which they were involved, these included playing bingo and doing puzzles and supporting a person to attend outside activities such as 'Men in Sheds'. Staff also arranged trips to the zoo and

supported a person with a particular interest in history. This was achieved by having books available, encouragement to join a library and identifying television programmes about history. One person told us they enjoyed watching the television and playing games with the staff and said that they were also supported to enjoy activities in the local community.

A monthly residents meeting was held and minutes were maintained. Sometimes people did not or could not attend and we were informed that issues were also discussed on a one to one basis to ensure that people were aware. We saw that issues raised were considered and acted upon. This included meal times, organised outings, arranging activities over Christmas and how the service was addressing the external drains.

We discussed with the provider and manager how they would respond to complaints about the service. they explained to us the procedure that would be used and would involve an advocate if so required. They also saw their role with regard to complaints that they would support people with a complaint about another service. Again they would involve advocates to support the person.

The service had a complaints policy of which people and staff were understood. People told us that would make a compliant if they felt the need to do so, while confirming that staff were helpful and attentive to issues raised. One person told us. "Good staff, they sort things out, so no need to complain." Although not currently used the service did have access to an advocate service which would be used if so required to support people. At the time of our inspection there were no complaints logged as outstanding. The manager considered that the staff was responsive to people's concerns and needs and that matters were quickly and satisfactorily resolved, so they did not reach a formal complaints stage.

Is the service well-led?

Our findings

One person told us. “If the service was not well-led you would soon know, for example there would not be enough food for us or staff on duty, that has never happened so the manager plans ahead.” Members of staff considered the service was well-led as the atmosphere was relaxed. One person said. “I was surprised by how much training I have done, since being here, I enjoy it and helps me to feel confident in my role.”

The Provider talked to us about their leadership style and felt that they set the example to staff and that they led from the front. The provider knew all the people living in the home well and had known some for many years. They spoke to people regularly and visited the home at least three times per week. The manager concurred with the provider view and approach and explained how they had taken time to ensure that they and the staff team understood consider their legal responsibilities and the regulations of the Health and Social Act of 2008. They said that these were the bedrock upon which they led the service and that they continually reflected upon what was happening in the service and how these requirements were being met.

Staff were positive about working at the home. They considered the management approach to be open and transparent and felt able to approach the manager to discuss an issue or seek clarification.

They considered that the manager’s key priority was to ensure that they were supported and knew what to do. In

turn they felt that this leadership style enabled them to support the people who lived in the home. A member of staff said they enjoyed working at the home, as they considered that people were empowered. Some people had become more independent since moving in and staff were supported and encouraged to work in this way..

Staff told us that they considered there was good leadership from the registered manager. They rarely ever missed their supervision session and this was only when a person who used the service needs took precedence. Otherwise things were well organised which included being paid on time and the manager always trying to support annual leave and day off or shifts requests.

The provider told us that they carried out an annual satisfaction survey and implemented recommendations that they could to improve the service. From information gathered they had found that a person wished to help with the gardening and this had been accommodated. There were also monthly staff meetings and as well as communicating to the staff these were used to generate ideas about the development of the service.

There were systems in place to monitor the quality of the service and to ensure that appropriate maintenance checks were arranged and carried out. Audits were carried out with regard to cleaning and infection control. We saw that there was an action plan of what to do in the case of fire and that the fire-fighting equipment and lighting were checked and this was within the date set of the maintenance requirements.