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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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

Little Paddocks (which is run by Maison care) provides accommodation and personal care for up to eight people who have a learning disability and/or autistic spectrum disorder. Little Paddocks is a purpose built twin set of bungalows which accommodate four people in each. The service is situated in a residential area of Little Clacton and is close to amenities and Clacton on Sea. The premises is set out on one floor with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service. At the time of our inspection seven people were using the service.

At our last inspection of this service on 28 October 2016 the service was rated Good. At this inspection we found the service remained Good.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. We observed this throughout our inspection and people, relatives and staff told us there was always enough staff on duty to meet people's needs.

Appropriate recruitment checks were carried out before staff started working at the service. People were receiving their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet people's needs. Action was taken to assess risks to people's safety and wellbeing. People's needs were assessed and care plans included detailed information and guidance for staff about how their needs should be met. People were encouraged to eat healthy meals and to cook for themselves where able.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff monitored people's mental and physical health and where there were concerns people were referred to appropriate health professionals and services.

People's care records included communication profiles that recorded their specific methods of communication with staff. It was evident that staff knew people well and communicated with them

effectively. People were supported to engage in friendships, access the community, attend clubs and places of work and enjoy aspects of their cultural backgrounds where required. Care records were person centred and included people's views about how they wished to be supported. The service had a complaints procedure in place and this was available in a format that people could understand.

The registered provider recognised the importance of regularly monitoring the quality of the service they provided to people. The registered manager and staff worked effectively with other organisations to ensure staff followed best practice. They took into account the views of people and their relatives through surveys, meetings and one to one communication. Staff said they enjoyed working at the service and they received good support from the registered manager. The registered manager was a visible presence in the service each day and was readily available on both days of our inspection.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Little Paddocks

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 and 12 March 2018. It was undertaken by one Inspector and an Inspection Manager. The inspection was completed over two days as it was inspected on the same day as a 'sister' service in the same grounds.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority, other people and looked at safeguarding notifications which had been submitted. A notification is information about important events which the registered provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form in which we ask the registered provider to give some key information about the service, what the service does well, and improvements they plan to make.

During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. Some people were able to talk with us about the service they received but others could not. We used the Short Observational 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.

During the inspection we reviewed the records at the service. These included four staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at four people's care documentation along with other relevant records to support our findings.

We also 'pathway tracked' people living at the service. This is when we look at their care documentation in depth and obtained information about their care and treatment at the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with five people, four staff, the deputy manager and the registered manager. The inspection team also spent time sitting and observing people in areas throughout the service and were able to see the interaction between people and staff. This helped us understand the experience of people who did not wish to or could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am safe here. [Staff member] helps me when I need them." There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. Staff told us they would report their concerns to the local authority and the CQC if they had concerns regarding a safeguarding issue. They said they would use the provider's whistle blowing procedure to report poor practice if they needed to. Training records confirmed all staff had received training on safeguarding adults from potential abuse.

There were enough staff on duty to meet people's needs. We observed a good staff presence at the service. One staff member told us, "We do seem to have the right numbers of staff here and we all help each other." Another staff member told us, "Yes we have enough staff on shift. If we ever get short we always have extra staff who help." We checked the staffing rota and this corresponded with staff on duty. People also told us there was always enough staff on duty to meet their needs. The registered manager told us staffing levels were arranged according to people's needs and if extra support was needed for people to attend social activities additional staff cover was arranged.

Appropriate recruitment checks were carried out before staff started work. The registered manager provided us with information confirming that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment and that they had obtained criminal record checks, two employment references, health declarations and proof of identification.

Action was taken to assess and mitigate any risks to people. Peoples care files included risk assessments for example, on using public transport, choking, risk of seizures, eating and drinking and managing finances. Risk assessments included information for staff about actions to be taken to minimise the chance of accidents occurring. For example, one person attended a trampoline club and we saw appropriate consideration of risks to the person regarding this had been documented. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely in the event of an emergency. Staff told us they knew what to do in the event of a fire and training records confirmed they had received fire safety training. Regular checks were carried out to ensure the safety of the service. We saw that the fire alarm system was checked on a weekly basis and monthly fire drills were completed with staff.

The fire alarm system, gas safety system and portable appliances had been checked by external contractors and these were operating safely. Some maintenance work to the fire alarm system was being completed on the day of inspection. We also saw the service had an infection control policy and procedure and that infection control audits were carried out. Staff told us personal protective equipment was always available to them when they needed it. We saw hand wash soaps and paper towels in all the bathrooms and stocks of gloves and aprons were available for staff use. Training records confirmed that all staff had completed training on infection control and food hygiene. We saw that incidents and accidents were recorded and monitored. The registered manager told us that if any trends where identified, action would be taken to reduce the likelihood of them reoccurring. Staff told us they talked about accidents and incidents in team

meetings, and what they could do to stop them happening again.

People told us they were supported by staff to take their medicines. One person said, "The staff help me with my medicines and I always take them every day." People had medicines administration records (MAR) that included their photographs, details of their tablets and any allergies. They included the names of staff trained to administer medicines. MAR records confirmed people received their medicines as prescribed by health care professionals. Training records confirmed all staff received medicines training and they had been assessed as competent to administer medicines by the registered manager. This included specialist training relating to the administration of medication to control epileptic seizures.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills required to meet people's needs. Training records confirmed staff were up to date with training which the registered provider considered mandatory. Examples of training completed included safeguarding vulnerable adults, emergency first aid, fire safety, food hygiene, health and safety, infection control, moving and handling, medicines administration and the Mental Capacity Act 2005 (MCA). Staff also completed further training relevant to people's needs, for example, equality and diversity, dysphagia (swallowing difficulties), epilepsy, learning disability awareness and Deprivation of Liberty Safeguards (DoLS).

Staff told us they completed an induction and they were up to date with training and they received regular supervision. The registered manager told us that staff new to care were required to complete an induction in line with the 'Care Certificate.' The 'Care Certificate' is the benchmark that has been set and aims to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. The registered manager and staff demonstrated a good understanding of the MCA and DoLS. We found that the supervising body (the local authority) had authorised some applications to deprive some people of their liberty for their protection. Records to demonstrate this was in place and kept under review to ensure the conditions of the authorisations were being followed. Staff were aware of the importance of seeking consent from people when offering them support. We saw staff asked people whether it was ok to enter people's rooms and to help them with personal care tasks. A member of staff told us they would not do anything for people unless they asked them if it was okay with them. They said, "It is their choice and I would not do something if they indicated this was not what they want."

Care plans included assessments of people's dietary needs and preferences. Assessments indicated people's dietary requirements and preferences and support needs. For example, we saw where a speech and language therapist's advice had been sought for a person with swallowing difficulties. Eating and drinking support guidelines were in place for this person for staff to follow and we saw these were followed when we observed staff assisting this person with eating and drinking. People told us they enjoyed the food provided at the service; they chose what they wanted to eat and went out for meals as a group. People were encouraged to eat healthy meals and cook for themselves. One person told us, "I like cooking and shopping for food and we can all have what we want to eat. We help with the washing up as well. "

People had access to a range of health care professionals such as GP's, dentists, opticians and chiropodists. Staff monitored people's health and wellbeing and where there were concerns people were referred to appropriate health professionals. Each person had a health action plan, which contained important information about their healthcare needs and conditions. People also had hospital passports which outlined their health and communication needs for professionals when they attended hospital. We saw that advice received from healthcare professionals at appointments was recorded and passed onto all staff.

The registered manager and staff worked effectively with other organisations to ensure staff followed best practice. We saw feedback from a healthcare professional who said, "I always enjoy visiting Little Paddocks. The staff are friendly, caring and competent. Management is well organised. Accommodation excellent, clean, comfortable and homely."

The service had been purpose built and was all on one level which catered well for the people using the service. We visited a sample of people's bedrooms and saw these were spacious, personalised and homely. People' preferences in décor and decoration were evident and the things they liked or treasured were visible

Good

Is the service caring?

Our findings

People told us they liked the service and the staff. One person said, "I have lived here for a while. I like my room and the staff, we are all like family now." Another person told us, "It's great here, I don't want to be anywhere else." And a third person told us, "The staff treat everybody here really well."

People's care records included communication profiles that recorded their specific methods of communicating with staff and others. We saw positive interactions between people and staff. It was evident that staff knew people very well and communicated with them effectively. They provided support in a sensitive way and responded to people politely, allowing them time to respond and also giving them choices. People had keyworkers (assigned staff members) to co-ordinate their care. Care records were person centred and included people's views about how they wished to be supported. People knew their keyworkers and we saw that minutes from keyworker meetings were kept in care records we looked at.

People told us their privacy and dignity was respected. One staff member said, "I never enter a room without knocking first. It's habit now even if the person is not in the room." Staff respected people's choice for privacy and independence and we noted some people preferred not to join others in communal areas but liked to stay in their rooms. One person told us, "I like to spend time in my room looking at my photos." Staff told us how they made sure people's privacy and dignity was respected. and asked people for their permission before entering their rooms.

They said some people preferred to receive personal care from the same gender staff and efforts were made to adhere to that as much as possible. Staff maintained people's independence as much as possible by supporting them to manage as many aspects of their own care as they could and according to their abilities. Another member of staff told us some people could do most of their own personal care however they might prompt them, for example to change their clothes. Other people needed more support with washing and dressing. They offered people choice's with the clothes they wanted to wear or the food they wanted to eat. They made sure the clothing they chose to wear was suitable for the weather conditions.

They also made sure information about people was kept confidential and locked away at all times. People said they attended residents meetings where they were able to talk with staff and the registered manager about what was happening at the service. One person said, "We can talk about where we want to go and events like Christmas and days out, what we want to happen at the home and where we want to go."

Most of the people who lived at the service enjoyed relatively independent lives with the support of staff. We saw that people's care plans contained clear information about what personal care tasks the person needed help with and what they could do independently. People spent their time how they chose and on the day we visited, all of the people who lived at the service were out in the community participating in their chosen activity.

People were supported by staff to undertake tasks aimed at encouraging and promoting their independence. For example, staff encouraged and supported people to clean and tidy their rooms or to

make their own drinks. The registered manager told us staff only offered additional support when people could not manage these tasks safely without support. We saw that people's care plans contained information for staff to follow to motivate and make it easier for people to be independent. For example, there was a cleaning schedule displayed for the people in one bungalow and we were shown this by one person who told us, "We all do something."

People's care plans contained details of people's family and friends networks. People's important relationships were identified and care plans contained guidance to staff on how these relationships were to be supported. Staff supported people to maintain the relationships that were important to them. One person had a family photo that they cuddled a lot so the staff had the photo printed onto a cushion so the person could still cuddle the photo in a more comfortable way when they went to bed. This showed the service cared that people felt at home and in control of their environment.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said, "I get good support from the staff. I like them and my keyworker. They know what I like." Another person described how they liked the light blocked out when they were in their room and said, "The staff know I like this and I can do most things for myself but if I can't, I only have to ask."

Assessments of people's care and support needs were carried out before they moved into the service. These assessments along with referral information from the placing authority were used to draw up individual care and support plans and risk assessments. Care and support plans described people's health care and support needs and included guidelines for staff on how to best support them. For example, we saw information for staff for supporting one person with eating and drinking as there was the potential for them to cough and choke. It also detailed clearly considerations such as seizure monitoring for a known healthcare condition such as epilepsy, including environmental considerations. Another care plan clearly detailed podiatry input details as the person wore orthotic shoes and physiotherapy guidelines for use of mobility aids.

Whilst we noted care plans had sufficient detail some of the paperwork in some of the care plans we reviewed were noted to be a little disorganised which meant information was hard to find. The registered manager advised us that some care plans were still being reviewed and this would be addressed.

Care plans and risk assessments had been reviewed on a regular basis to reflect changes in people's needs. People's care plans also referred to their relationships, religion and their cultural needs. We saw that people were being supported to engage in relationships, practice their religion should they so wish, attend places of work and enjoy aspects of their cultural background. All of the staff we spoke with knew people very well; they understood people's needs and were able to describe their care and support needs in detail.

People were supported to partake in activities that met their needs. We saw that people had individual activities plans. These activities included cooking, gardening, going for walks, personal shopping, domestic tasks, visiting friends and relatives, attending day centres and clubs and going to work placements as two people worked in local charity shops. The statement of purpose for the service stated, 'It is our passion and belief that people should lead ordinary lives and have support they need to fulfil their potential'. One person told us, "I really enjoy doing my vegetable patch gardening, using my IPad and looking after the rabbit. I always have something to do, its busy, I do table tennis too." Another person told us. "I enjoy playing football and playing matches. I have friends and am always doing something." A third person told us they enjoyed watching DVDs and old films.

People were able to communicate their needs effectively and could understand information in the current written word and picture format provided to them, for example, the complaints procedure. The registered manager told us if any person planning to move into the service was not able to understand this information they would provide it in different formats for example taped or large print. The complaints procedure was available in formats that people could understand and was displayed in communal areas. One person told

us, "I know how to complain if I need to but everything is always good here so I don't ever need to." The registered manager told us they had not received any complaints. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

The registered manager told us none of the people currently living at the home required support with end of life care. We were told about how the registered manager and staff had recently dealt with the sad loss of one person who had been at the service for a long time. This included appropriate emotional support for others and staff. One staff member told us, "[Person] was like part of our work family and we still miss them very much." We saw that people's care records included a section relating to their funeral wishes. The registered manager said they would follow the registered provider's procedures and liaise with the multi-disciplinary team and the healthcare professionals in order to provide people with end of life care and support if and when it was required.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

Staff told us they were well supported by the registered manager and deputy manager. There was an on call system in operation that ensured management support was available when required.

Staff told us they could express their views at team meetings. One member of staff said, "The meetings are good but since we lost [person] we have not had as many but we talk every day." Another staff member told us, "They help with team work and we all contribute." Throughout the course of this inspection it was clear from people, the registered manager and staff that the purpose of the service was to improve people's ability to live independently and to provide care and support which met people's needs and wishes. One member of staff said, "I really like working here. I have been here a long time and really like the people. I have known them all for a long time and they can do a lot for themselves. The staff all work well as a team." Another member of staff told us, "It's a nice place to work, the people we support are great.[registered manager] is very supportive and listens to the people who live here and the staff."

The registered provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming regular health and safety, medicines, fire safety, incidents and accidents, complaints and care file checks were carried out at the service at regular intervals. We saw reports from daily, weekly and monthly quality checks carried out which covered health and safety, medicines, handover records and the environment. No issues were identified during the visit. The registered manager said these checks were carried out to make sure people were receiving safe and good quality care at all times.

We also saw reports from monthly monitoring visits carried out by the registered provider. The last quality and risk report completed in January 2018 covered health and safety and audits of people's care records, recruitment, staffing, training and any incidents and accidents. The report recommended staff meetings should be scheduled and held more regularly and staff should update their first aid training. The registered manager confirmed these recommendations were in progress and would be met.

The registered provider sought the views of people using the service and their relatives through satisfaction surveys. We saw reports from the 2017 survey. The majority of comments from people and their relatives were positive. Where people or their relatives had raised areas where improvements could be made we saw that action had been taken to address these People were supported to understand goal setting and the complaints procedure. The registered manager said the registered provider had also met with relatives to discuss support planning and encouraged them to raise concerns directly with them about the service if they were not happy.