Ashcroft Care Services Limited

# Malvern House

## 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

Malvern House is residential care home that provided accommodation and care for up to six people with learning disabilities.

At our last inspection we rated the service good overall and requires improvement in the Well-Led domain because staff supervisions were not recorded in line with the provider and best practice guidance. At this inspection we found the evidence continued to support the rating of good and staff supervisions were well organised and completed. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were safe at Malvern House. Staff understood the need to safeguard people from abuse and harm and would report any incidents. The risks people experienced were assessed and understood and guidance was put in place for staff. People's medicines were well managed and the documentation was clear. The home was a safe and clean environment to live in and staff protected people from the risk and spread of infection. There were enough staff to meet people's needs and give individual support.

People's needs were assessed and recorded in individual plans. The staff had been trained in mandatory and relevant knowledge and skills to give effective care. People's health needs were understood and they were helped to stay healthy and attend appointments. People were involved in making their own meals and supported to eat a balanced diet. The physical environment was suitable and there was enough space for people to live together happily. The legal requirements for consent to care were met. People had choice and control in their lives and were supported in the least restrictive way possible.

The staff ensured there was a calm atmosphere in the home and understood people well. Staff interaction with people was always patient and caring. People were supported to have as much independence as was possible and staff encouraged people to do things for themselves. People were respected and spoken to in an appropriate way.

Each person's personality and preferences were known and staff responded to people in an individual way. There was a plan for each person to undertake activities that suited them during the day. Complaints were responded to in a timely way. People's wishes at end of life were being explored in a sensitive way.

There was a culture of delivering person centred care in the organisation. The registered manager was respected and had developed an open and honest approach with staff. Governance, reporting and accountability arrangements were clear. Peoples' and relatives' views were sought and listened to. There was an internal quality audit process and a willingness to try new things that would improve people's lives. Staff were engaged and felt able to offer their ideas. The service was part of the local community and people benefitted from accessing the town and its facilities.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remained Good in Safe. | **Good** |
| **Is the service effective?**<br>The service remained Good in Effective. | **Good** |
| **Is the service caring?**<br>The service remained Good in Caring. | **Good** |
| **Is the service responsive?**<br>The service remained Good in Responsive. | **Good** |
| **Is the service well-led?**<br>The service had improved to Good in Well-led. | **Good** |

# Malvern House

**Detailed findings**

## Background to this inspection

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

This inspection took place on 18 January 2019 and was unannounced.

The inspection was carried out by one inspector.

Prior to the inspection, we reviewed the information we had about the service, including the last report and recent notifications sent to us. Notifications are changes, events and incidents that the service must inform us about. We contacted the local authority to see if they had any safeguarding concerns. We used information the provider sent us in the Provider Information Return(PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the inspection we spent time observing the way staff interacted with people throughout the day. We spoke with two people who could communicate verbally. Following the inspection, we spoke with one relative over the phone. We interviewed three staff, including the registered manager. We reviewed the support plans of three people, looked at risk assessments, special requirements and any mental capacity assessments and applications made to deprive people of their liberty.
We looked at two staff recruitment files and sought evidence that all staff had their up to date training and supervision. We reviewed mandatory checks, internal quality audits, feedback from surveys and responses to complaints to understand how well the service was being governed and managed.

Following the inspection, we received feedback from two health and social care professionals.

Good

# Is the service safe?

## Our findings

People were safe because the staff knew their responsibilities to safeguard people from harm. One relative told us, "They keep him safe. If something was wrong, whether with staff or his safety I know they'd sort it out." The staff received their training on safeguarding once a year. If they had concerns, staff knew what to do. There was information displayed about how to report any risks of harm. One staff member said, "I would go to the manager if anything was wrong, but I also know how to go outside of the organisation to report, we had training and there is a whistle blowing policy."

The risks that people experienced, due to their disability and autism, were assessed and well understood. There was guidance for staff to be able to provide positive support for people where there was a risk of certain behaviours. There were plans in place, agreed with the help of a positive behaviour specialist, to manage social situations that arose during the day. Staff demonstrated a good understanding and we saw action being taken to de-escalate situations and potential risk. The registered manager said, "People need to feel safe and know that staff understand them." A health professional also told us, "The staff implement my advice and the strategies to support each person."

Accident and incidents were all recorded by person, date and time. These were reviewed by person to identify any patterns or causes of behaviours or accidents. Through this monitoring staff had a good understanding of events that might cause a response or be unsafe for individuals. Staff told us how they had learnt from incidents that occurred between two people at the house, to identify the way in which they could support these people to engage with each other and try to avoid any conflict or agitation. We saw this learning in practice at the inspection. A relative of another person told us that, "They are good at managing [name] and distracting him to avoid situations."

There were sufficient staff in place to keep people safe. On the day of inspection, a member of staff had been unwell. Staff were still able to take people out to the shops or to an activity and the registered manager provided cover to ensure the safety of those people that were at home. There was provision for one to one staff support for a person who was at risk due to their behavioural needs and epilepsy. There were enough staff members in the team who had been trained to recognise and respond to the risks this person was likely to present. From nine in the evening until seven in the morning there were two staff members in the building, one of whom could be asleep.

People's medicines were managed safely by the staff. Staff who had been trained in medicines administration completed the records. Their competencies were reviewed quarterly or sooner if the registered manager noted any confidence issues. There was a plan in place for each person about how they liked to take their medicines, written simply and with pictures. For one person, who needed continuous support, there was a risk assessment regarding their behaviours and information in pictorial format to help explain what the medicine was for. The medicines administration records (MAR) were up to date with no gaps. There were weekly checks done by the registered manager. There was guideline in place where people had 'as required' medicines, with the signs for staff to look for as well as what could be administered. Each person had a small locked medicine cabinet in their room. There was a check of the temperature of each

room.

The home was kept clean and people were protected from the spread of infection. Staff showed awareness of actions they needed to take. One staff member said, "We have gloves and aprons available in every bathroom for when they are needed and we are giving care."

Good

# Is the service effective?

## Our findings

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's consent was sought in line with the Mental Capacity Act. Where people's liberty was restricted to keep them safe, the provider had followed the requirements of the Act, and the Deprivation of Liberty Safeguards (DoLS), to ensure the person's rights were protected. There were examples of decision specific capacity assessments in place, for example about whether a person could manage their own medicines. As the person could not understand, retain or weigh the information, a best interest's decision was made on their behalf and this was documented. The service had assessed and applied for the DoLS for a person who needed constant supervision when leaving the home. The registered manager was supporting a person with the decision to attend for cancer screening by seeking medical support and enabling the person to have information they could understand.

People were supported to stay healthy and access healthcare services when needed. The staff were vigilant in looking for signs and considering people's health needs. For example, one person told us they had hurt one finger which looked red and sore. Staff took him to the GP to get this treated. Another person had undergone a hospital scan to investigate symptoms discovered by staff when giving personal care. Medical advice was sought on behalf of people who where are risk of cancer. People had health action plans and hospital passports in place which gave vital information to staff and health services about their individual needs. In the support plans there was evidence of the involvement of the dentist, optician, pharmacist, and chiropodist. One relative told us, "They manage the epilepsy well. They always tell us when he's been to the doctor or had a blood test."

People benefitted from the way staff worked together and with others across organisations. The service was working with the community team for people with a learning disability to reduce the over reliance on medicines for a person who had increased anxiety levels. The registered manager, who had previously worked at the home, told us, "I believe a consistent approach and stable staff team will make the difference." Staff were positive about the way they worked together. One staff member said, "There is good team work here, I can learn from others." There was a record of communications between staff to ensure everyone knew the important things that had happened that day. There was a separate record of communication with peoples' families or with professionals involved in their care. One health professional said, "They are good at contacting us if there are any concerns about a person."

People were supported by staff who had received a good induction, were supervised and had access to relevant training. New staff were on a six months' probation and were supported and reviewed in that time to pick up on any concerns. If they were new to social care they completed the Care Certificate, which is a nationally identified standard for health and social care workers. One staff member said, "I had the induction at head office and the formal training." For existing staff there was refresher training organised

and a plan in place showing updates on safeguarding, first aid, manual handling and infection control were provided. Staff also received training about the needs of people living with autism and/or epilepsy. There was a supervision and appraisal plan in place and staff confirmed that they met with the registered manager regularly.

People were supported to choose what they wanted to eat and guided to have a healthy diet. People were involved in choosing the evening meal. If someone does not like the choice they were offered something else. People were encouraged to help prepare the meals and to take turns in setting or clearing the table. We saw this at lunchtime, when there were different sandwich options and fresh fruit available and some people were supported to make their own sandwiches. One person's diet was monitored due to their diabetes. There was an eating and hydration checklist to assess any risk but there were none identified and everyone ate well.
People lived comfortably at Malvern House.

The home was fully accessible and met people's needs. People's individual requirements had been considered when deciding which room people occupied. People's rooms were decorated to their personal choices and reflected their personality. One person told us, "It's what I like, and how I like it." The bathrooms were accessible and nicely decorated. Some people were independent with their personal care, with staff supervision.

People had their needs assessed using a strengths-based approach. The support plans identified people's positive attributes as well as the needs to be met. There was a one-page overview in the support plan which provided staff with essential information. There was evidence of good practice in support plans on positively managing behaviours and anxiety. The service had also been recognised for their best practice with medicines. The registered manager had attended a care homes event to showcase their approach and help other homes.

Good

# Is the service caring?

## Our findings

During the inspection we observed that people were treated well and with kindness by all the staff. One person told us, "I am happy here." A relative said that staff were, "Friendly and kind," and that the registered manager was, "Very good with people."

Staff recognised when people needed emotional support and anticipated any anxiety. One person was anxious about what was happening that day. One staff member spoke with them calmly and provided reassurances about who was working and which staff would be there later. A relative told us about a time when one person was leaving the home, which was a change other people would find difficult. Staff had explained things very carefully and the right time to help people cope with this change.

People were spoken to appropriately and treated with respect. At lunchtime a staff member asked one person to help take their plate to the kitchen in a polite way. The person needed to be encouraged and this was done clearly and calmly. A relative said, "Staff are respectful and people are not spoken down to. They work with them." One person's support plan gave staff guidance on managing behaviour advising them that the person, "Should not be told off…. but praise him when he has taken steps to control himself." We observed staff praising people and being positive about them.

People were involved in the day to day decisions and activities. There was a lot of communication about what was happening and when, which we could see helped people. We observed that people felt able to speak to the registered manager at any time coming to the office. One person was getting impatient, waiting to be supported to go to the shops. The registered manager explained to them this would happen as soon as possible and suggested something they could do whilst waiting. One staff member told us, "We do what is right for each person, support their own choice and give them time."

People were supported to become more independent. The registered manager said this was a change as previously staff had been doing everything for people. For example, we saw how people were asked to be involved in the food preparation and tasks around the home. People were encouraged to go to the pharmacy with a staff member and helped to get their own medicines out of a blister pack. Pictures were available to use to establish if a person was in pain, and what sort of pain and to help people communicate what was troubling them.

Good

# Is the service responsive?

## Our findings

People received a personalised approach to meeting their needs and enabling their individual interests. Care plans reflected each person's life and personality as well as the support they required. People had been involved in their plan and it was written in a way, with pictures, to enable the person to remember what was agreed. There was a review every six months and one parent confirmed that they and their son were always included in the meeting.

People enjoyed a variety of activities. There was a weekly planner on the wall, with the activities that each person would attend and which were personal to them. One staff member said, "Each person has their own interests, we know them well and help them do what they want." One person enjoyed horse-riding and gardening. Another person joined with a walking group organised by the provider with people from other houses. On the day of inspection two people were attending a local centre that provided focused activities each morning. Another person was later taken out to the shops and another attended a session at the local YMCA. There were also other community groups that three men went to at different times.

The registered manager told us of their ideas to develop things further for some people. One person enjoyed sport and they were looking into involving him with a local football team for people with a learning disability. One relative told us, "Staff keep a diary for him, as he has memory problems. We can see he is taken out a lot. He would get very bored otherwise." The registered manager was planning a summer party where relatives would be invited and wanted to give all people the opportunity to go on a holiday.

People's rooms were individual to them and they had things the way they wanted. One person kept their room very neat and tidy and did not want things moved about. Other people's rooms were more disorganised with the objects, and belongings they valued. They each had family photos and pictures of interest for them.

People could access the complaints policy in a pictorial format. We also observed that people felt able to express themselves, for example about wanting to go out with support or if worried about something, and staff were responsive to them. There had been a complaint from a person's relative a few months ago. This was regarding the way a staff member was heard shouting at a person. This was resolved at the time and later the staff member had left the role. The registered manager said, "I have a different atmosphere in the house now."

People's wishes for end of life had not yet been fully explored with each person. One person had a funeral plan in place, which contained their own ideas, with support from their family. The registered manager said, "People understand death, but it's very sensitive because some have lost family and would get very anxious on this subject." At people's next review with family and professionals the service had agreed to explore this more. The provider had experience of supporting people at end of life in other houses and of helping those who were bereaved. The registered manager said, "As a company we are very responsive to these situations, and provide support to meet individual needs."

Good

# Is the service well-led?

## Our findings

There was a registered manager in post. Although they were relatively new in role, they had previously worked at this home and knew each person well.

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.

The registered manager had a clear vision of creating a home that was person centred and of positively supporting each person to fulfil their potential. They had recently recruited some new staff and told us, "I have an open and honest approach, I expect staff with the same ethos so we can work together to give the best support for people." Staff we spoke with were positive about their work and what they were aiming to achieve. One staff member said, "I love the job, it's different every day." Another said, "We want them all to live as good a life as possible."

The provider was adapting to new challenges. There was an emphasis on enabling people to live more fully and more independently, possibly in a supported living setting. A new development plan to progress this was seen, including additional classes for those, who were able, to develop life skills and have more autonomy. There was a provider led forum where people could give their views and get involved. There were also new technological systems to improve efficiency which could save staff time and allow for better support outcomes for people.

People at Malvern House could give their views through monthly care summaries, where each person was asked what had gone well, or not so well. Staff also recorded, on a day to day basis, any conversations or nonverbal expressions of opinion about something a person did not like. These were brought to the registered manager and were considered. Staff told us, "Some people speak up but others we need to observe them to know what's happening." There were plans to start a group session looking at wider issues, that the registered manager said would be informal and fun.

People's relatives and families contributed their ideas through organised annual surveys. These showed positive feedback about the service and the organisation. One suggestion from a relative was for more evening social and group events. The registered manager said that they had supported people to attend discos, and a musical theatre trip and would continue to explore options, with the recognition that it may not be for everyone living there.

There were monthly staff meetings in place and staff felt able to contribute. One new staff member said, "The manager is good here, and others are supportive. I want to stay." At the last team meeting practice issues around managing people's money was discussed. The next meeting there was a planned agenda item on end of life care and the best ways to explore people's wishes with them.

There was a performance and quality monitoring framework in place. There was a monthly internal audit schedule in place that covered different care topics throughout the year. These were carried out by the area manager. For example, people's health and nutrition was looked at one month, managing money another, and medicines another. There was also a thorough internal review of the whole service completed yearly and undertaken by another home manager. This had recently been completed and the service was rated at the highest level in the organisation. It looked at whether people had fulfilling lives, were safe from harm, their health and wellbeing, the environment, personalised support and risk management. There were actions and improvements identified to either improve or maintain the standards of the service.

A health and safety review had also just been done. This was the major yearly review by the provider. It was identified that the front door needed replacing and some window frames and locks need repair or replacing. The registered manager said this work had already been planned. The service has access to a 24 hour call out for any urgent maintenance issues. The fire alarm tests were done weekly and a fire evacuation practice held quarterly. People had personal evacuation plans in place.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The service had informed the CQC of significant events including safeguarding concerns.

The service had good contacts and relationships with community services which was of benefit to people. People went out to the park and shops daily and engaged with the local community. One person went to the provider head office nearby to do some office work one day a week. The registered manager told us, "Being part of the community is our ethos." There were also good relationships with community and health services. A care professional confirmed that the service, "Works well with us and we have good links with the manager." The provider was closely linked with the Surrey Care Association and staff could benefit from their training resources.