

Maison Care Ltd

Saresta and Serenade

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

Saresta and Serenade is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Saresta and Serenade accommodates up to 10 people with complex needs, including learning disability and/or autistic spectrum disorder. Saresta and Serenade were two bungalows next to each other. Four people lived in each, one of the people in Serenade lived in their own adapted self-contained annex.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

On the day of our comprehensive unannounced inspection on 7 February 2019, there were eight people living in the service.

At our previous inspection of 27 July 2016, this service was rated Good overall. We found the evidence continued to support the rating of Good overall. 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 continued to receive a safe service. There were systems in place designed to reduce the risks of avoidable harm and abuse. People were supported with their medicines safely. Staff were available to support people when needed and robust systems were in place to recruit staff safely. People were safeguarded by the service's infection control processes. Where incidents had happened, the service learned from these and used the learning to drive improvement.

People continued to receive an effective service. People were supported by staff who had received training to meet their needs. Staff worked with other professionals involved in people's care. People had access to health professionals when needed. People's nutritional needs were assessed and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The environment was suitable for the people using the service.

People continued to receive a caring service. People shared positive relationships with staff. People's privacy, independence and dignity was respected. People's choices about how they wanted to spend their time and be cared for were valued and listened to.

People continued to receive a responsive service. There were systems to assess, plan and meet people's individual needs and preferences. People's had access to social activities to reduce the risks of isolation and

boredom. There was a complaints procedure in place and people's complaints were addressed.

People continued to receive a service which was well-led. The registered manager had a system to assess and monitor the service people received. Where shortfalls were identified actions were taken to improve. People were asked for their views about the service and these were valued and listened to. As a result, the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Saresta and Serenade

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 unannounced comprehensive inspection took place on 7 February 2019 and was undertaken by one inspector.

We used information the provider sent us in the Provider Information Return to help us plan this inspection. 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.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We met all eight people who used the service. The people using the service had complex needs and did not verbally tell us about their experiences about using the service. To gain an understanding of people's experiences we observed the interaction between people and staff throughout our inspection. Following our inspection visit to the service, we spoke with two people's relatives and a health care professional on the telephone.

We looked at records in relation to two people's care. We spoke with the registered manager, the deputy manager and two members of care staff. We looked at records relating to the management of the service, two staff recruitment files, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our previous inspection of 27 July 2016, this key question was rated Good. At this inspection of 7 February 2019, people continued to receive a safe service.

There continued to be systems in place designed to reduce the risks of avoidable harm and abuse. We observed friendly interactions between staff and people using the service. People were engaged with the staff and did not show any signs of feeling uncomfortable with the staff who supported them.

The service continued to manage risks well. Staff received training in safeguarding people from abuse and understood their roles and responsibilities. People's care records included risk assessments which guided staff on how the risks in people's daily lives were reduced. Staff were trained in how to safely support people with behaviours that may be a risk to the person, staff and others. Where incidents had happened there were systems to learn from these and use them to drive improvement. Risks to people injuring themselves or others were limited because equipment, including mobility and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use.

The registered manager told us how the service was staffed, this ensured that there were staff available when people needed them. The rota was flexible to make sure that people's chosen activities could be undertaken. We saw that staff were present with people during our inspection and responded to people's verbal and non-verbal requests for assistance promptly.

Records showed that the provider continued to undertake checks on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

The service continued to managed people's medicines safely. We observed a staff member supporting a person to take their medicines, which was done safely. Some people had medicines which were prescribed to be taken as required (PRN). There were protocols in place for these medicines to guide staff on when they should be given to people. The medicines administration records (MAR) for medicines demonstrated that people had received their medicines as prescribed. Staff had received training in medicines and had their competency checked by the senior team. Regular checks were undertaken, these included temperatures, stock balance and audits. This supported staff to identify any shortfalls and take prompt action to address them.

The service was visibly clean. Staff had received training in infection control and food hygiene. There were disposable gloves and aprons that staff could use, such as when supporting people with their personal care needs, to reduce the risks of cross contamination. Cleaning schedules were in place and infection control audits were carried out to reduce the risks of cross infection.

Is the service effective?

Our findings

At our previous inspection of 27 July 2016, this key question was rated Good. At this inspection of 7 February 2019, people continued to receive an effective service.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs and protected characteristics relating to equality. People's needs were assessed prior to the person moving into the service. This assisted a smooth transition between services.

Discussions with the registered manager and deputy manager showed that the service worked with other professionals involved in people's care to ensure they received a consistent service. This included the commissioners for services and health care professionals. A professional told us that they worked with the service and that the staff listened to their suggestions about how a person who used the service was supported.

Staff told us and training records showed that staff continued to receive the training that they needed to meet people's needs. This included training in safeguarding, fire safety, health and safety, and medicines. In addition, staff received training in a specific medicine used to support people who had seizures and in other subjects such as diabetes, dysphagia, dementia and equality and diversity to meet the needs of people with specific needs. Staff had also received training in supporting people with behaviours that may be challenging, such as distraction and breakaway techniques.

New staff received an induction course which included training and shadowing more experienced colleagues. Where new staff had not completed a recognised qualification in health and social care, they were supported to complete the Care Certificate. This is a recognised set of standards that staff should be working to.

Staff continued to be supported in their role and received supervisions. These provided staff with a forum to discuss the ways that they worked, receive feedback, identify ways to improve their practice and any training needs they had. There was a range of supervisions to provide staff with the opportunity to improve their practice, these included one to one and group supervision meetings and observations of their work practice.

People were provided with a choice of meals and they got enough to eat. During lunch we saw that people chose what they wanted to eat. Where people required assistance to eat their meal this was done patiently and at the person's own pace. There were drinks available to people when they wanted them to reduce the risks of dehydration. People's records included information about how their dietary needs had been assessed and how their specific needs were met. Staff were knowledgeable about people's specific needs. This included thickened fluids and softer foods, as recommended by health professionals to reduce the risks of the person choking.

People had their health needs met and they were supported to see health professionals if needed. Records

showed that where there had been concerns about a person's health and wellbeing, they were referred to health and social care professionals. People's care records included a health passport, which identified their health needs and how they were met. The health passport could be taken with them, for example if they needed to be admitted into hospital which provided their staff with information about the person. Records were maintained about people's routine health appointments and the outcomes. If ongoing support was required this was identified in their records to guide staff.

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 (MCA) 2005. 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. The service had made DoLS referrals when required, to ensure that people were not unlawfully deprived of their liberty. People's care records included if they had capacity to make their own decisions. If people lacked capacity there were systems in place to assist them. Training records identified that staff had received training in the MCA and DoLS. Staff asked for people's consent, for example where they wanted to be in the service and how they wanted to spend their time.

The environment was suitable for the people using the service, this included doors wide enough for access of people who used equipment to mobilise, there was a raised bath and ceiling hoist to support people effectively with their personal care. Records showed that repairs were undertaken promptly by the service's maintenance staff. Some people allowed us to see their bedrooms, which included items of their personal memorabilia that reflected their choices and individuality. The environment had communal areas that people could use, including lounge/dining areas. There were areas in the service where people could see their visitors in private. There was a secure garden which people could use and access which was well maintained and safe.

Is the service caring?

Our findings

At our previous inspection of 27 July 2016, this key question was rated Good. At this inspection of 7 February 2019, people continued to receive a caring service.

There was a relaxed and friendly atmosphere in the service and people and staff shared positive relationships. The staff and people clearly knew each other well. Staff were respectful and caring when interacting with people who used the service. They spoke about and with people in a compassionate way. Staff communicated with people effectively and checked with them what they had said to understand their choices.

People's independence continued to be promoted and respected. We observed staff encourage people's independence throughout our inspection, such as when dressing to go out and when having their meal. People's records identified the areas of people's care needs that they could attend to themselves and where they needed support.

People's privacy and dignity continued to be respected. We saw that the staff knocked on people's bedroom doors before entering. Staff supported people with their appearance, to ensure their dignity was respected. During our inspection a visiting hairdresser styled people's hair, if they chose to receive this service. People's records identified how staff should respect people's privacy and dignity at all times.

People made choices about their daily lives and the staff acted in accordance with their wishes. Records and discussions with the registered manager, deputy manager and people's relatives demonstrated that relatives were consulted about people's specific needs and usual routines and these were used in the planning for people's care. One person's relative confirmed that they were consulted about the care the person who used the service received. People could use advocates if required. All information, used to tell people about their rights and to support them making choices, was provided in a format with both text and picture format to aid people's understanding.

People told us that they could have visitors when they wanted them, which reduced the risks of isolation and loneliness. Records included information about the relationships that people maintained which were important to them. Discussions with the registered manager and deputy manager, which was confirmed in records, showed that people and their relatives received support to maintain their relationships. This included supporting people to speak to their relatives on the telephone and taking people to visit their relatives.

Is the service responsive?

Our findings

At our previous inspection of 27 July 2016, this key question was rated Good. At this inspection of 7 February 2019, people continued to receive a responsive service.

People continued to receive care which was tailor made to their individual needs. One person's relative told us that their family member was happy living in the service and always happy to return to the service when they had visited. A professional told us that the service had responded to the needs of a person using the service and since living there the person had, "Flourished."

People's care records clearly identified how people's needs had been assessed, planned for and met. People's specific needs were identified in the care plans and how these needs were met. Some people demonstrated behaviours that others may find challenging, their records clearly identified any triggers to these behaviours and actions staff should take to support them. The registered manager and deputy manager told us that restraint was not being used because they used distraction techniques which were successful to reduce people's anxiety and distress. The daily records identified the support provided to each person every day and their wellbeing.

Records and discussions with the registered manager and deputy manager demonstrated that the service responded to improve positive outcomes for people when they had identified that people required support. This included supporting a person and family to have contact. One person enjoyed using sand in the garden, because their mobility was deteriorating the management team had sought advice from other professionals and there was now a raised area in the garden where the person could continue with what they enjoyed doing.

People had the opportunity to participate in activities that were meaningful and that they chose. People participated in a range of activities during our inspection. These included going out shopping and for lunch. Whilst people were in the service they did things that interested them and supported their wellbeing. This included watching music videos on television, art and crafts, looking at a catalogue and building wooden train tracks. Two people showed us what they liked to do and staff told us that people enjoyed these activities, which was our own observations, they smiled and laughed.

People attended different social activities in the community, such as college courses, discos, swimming and trampolining. People owned their own transport, which was shared by people and managed by their relatives, which supported their access to the community. We saw photographs of people enjoying activities in the community.

There was a complaints procedure and policy in place which was accessible to people using the service and others, including relatives and visitors. The registered manager told us that there had been no complaints about the service received in the last twelve months.

There were no people in the service receiving end of life care. However, if people and/or relatives, where

appropriate, chose to discuss their end of life choices this was documented. The registered manager and deputy manager told us about the support they had provided to a person who had previously received end of life care and support. This included supporting the person and family to have their choices respected of the person remaining at the home. They had a clear understanding of their role and responsibilities and the other professional's support available if this was required in the future. There was death, dying and bereavement training available for staff in the service's training programme.

Is the service well-led?

Our findings

At our previous inspection of 27 July 2016, this key question was rated Good. At this inspection of 7 February 2019, people continued to receive a well-led service.

There was 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.

The registered manager understood their role and responsibilities. They were a visible presence in the service and people clearly knew them well. The Provider Information Return (PIR) demonstrated that the provider and registered manager had a clear understanding of their roles and responsibilities in providing people with good quality care. They had identified areas for continuous improvement. The registered manager kept updated with the care industry and any changes. This included accessing CQC updates, and local government web sites.

The registered manager and deputy manager had achieved a qualification relevant to managing care services and were both booked onto a local authority safeguarding for managers course in March 2019. The registered manager had also enrolled on a leadership training course. The registered manager attended meetings every other month with other registered managers of the provider's other services and a quarterly meeting with the provider's directors. This supported sharing of good practice and any changes in the care industry which needed addressing. The registered manager told us that they felt that the provider was supportive and addressed any issues in the service, as required, such as repairs.

There continued to be a programme of audits which were used to monitor the service provided. This included audits in care plans, medicines, and the environment. There were actions in place where shortfalls had been identified, to improve. Incidents were analysed to identify any trends and systems were put in place to reduce future events.

People and relatives continued to be involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires. These were analysed and used to drive improvement. The registered manager maintained records of discussions with people's relatives to demonstrate how their views were routinely sought.

Several of the staff had worked in the service for many years. One staff member told us this was because the service was well-led and the registered manager was supportive. Staff meetings were held where they discussed any changes in the service and in people's needs. Staff were asked to complete feedback on their induction to check that this was effective and if any improvements were needed.

The registered manager and deputy manager told us how they had links with the community and how people who used the service were supported to access the community. This included attending the local tea

rooms and community centre in the village, attending fetes and firework displays at the local school and attending services in nearby towns, including colleges and discos. The service continued to work with other professionals involved in people's care, this included the commissioners and health and social care professionals. One professionals told us that they shared positive relationships with the staff and the registered manager. They said that they worked together to ensure the person who used the service received good quality care.