L&Q Living Limited

Montbazon Court

Inspection report

Cleves Avenue
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Essex
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29 December 2017

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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

The inspection of this service took place on 19 and 29 December 2017 and was announced.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

There were 26 individual flats within the building. There was an office base and staff provided people with a range of services including, personal care, medicines management and cleaning services. At the time of the inspection 14 people were receiving care and support from the provider.

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.

People told us they felt safe when staff were in their homes and the staff called at the expected times which helped to make them feel safer. Staff we spoke with told us they were aware of the potential types of abuse people were at risk of and the action to take to report and protect people from the risk of further abuse.

Effective recruitment prevented the service from employing unsuitable staff. Staffing levels were determined based upon assessments of need and flexible support was available if these needs changed. There were sufficient staff to meet people's care needs.

Staff were able to provide safe support because risks were assessed and plans were in place to reduce and manage risks where possible. Assessments were reviewed and care plans amended as people's needs changed.

People had discussed their concerns about continuity of staff and the registered manager had taken steps to improve on this. Where people needed help with their medicines care staff recorded when these were needed and administered. Staff had been trained and told us they were supported to keep their skills and knowledge updated. The registered manager regularly reviewed staff practice and sourced additional training to meet people's needs. Effective recruitment prevented the service from employing unsuitable staff.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager and staff were working within the principles of the Mental Capacity Act 2005 (MCA).

People who used the service and family members were complimentary about the standard of care they received from the service. Activities were available for people who used the service based on their likes and interests and to help meet their social needs. Staff treated people with dignity and respect.

The registered provider had an effective complaints procedure in place, and people who used the service and family members were aware of how to make a complaint. People were involved and consulted in the running of the service and felt their views and ideas were listened to and acted upon. Systems and processes were regularly audited and outcomes were acted upon to continually improve the service provided.

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 was safe.

People received care and treatment from care staff that understood how to keep them safe and free from the risk of potential abuse.

The systems in place to manage risk had ensured people were kept safe. Medicines were managed safely.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment process in place.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People had access to their own kitchens and were supported by staff in preparing meals.

People had access to healthcare services and received on going healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

People experienced care from staff who respected their privacy, dignity and choice.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred. They had up to date information about people, their healthcare, personal care support, likes and dislikes.

People were provided with a range of suitable activities to encourage social inclusion.

Complaint procedures were in place and people and their relative's knew how to raise concerns.

Is the service well-led?

Good

The service was well led.

The management team provided effective leadership to the service. Staff understood their roles and responsibilities and were well supported by their management team.

The service had an effective quality assurance system. The provider consulted with people to ascertain their views through satisfaction surveys and listening events. This meant they actively planned for continuous improvement of the service they provided.

Montbazon Court

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 checked 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 the 19 and 29 December 2017 and was announced.'

The provider was given 24 hours' notice of the inspection because they provide community services and we needed to be sure someone would be in. This was the first inspection of the service since their registration with CQC. One adult social care inspector carried out the inspection.

Before the inspection we reviewed all of the information we held about the service. This included notifications; (Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales).

On the second day of inspection we either visited people in their own homes or people chose to speak to us in the registered manager's office. This was to find out what experiences people had living at Montbazon Court

We spoke with 12 people who lived at the service and one visiting relative. During our visit we spoke with the registered manager, the regional manager, and two care staff. We looked at three people's care records and associated medicine records, six staff files, staff training records and reviewed other records related to the management of the service.

Good

Is the service safe?

Our findings

People using the service expressed no concerns about their safety when staff were in their homes providing care. They told us staff were helpful and kind. One person told us, "Yes I am safe, some different staff but they are all very good. One relative told us, "[Family members] love it here and we have never had a problem with any of the staff."

Staff had access to the service's safeguarding and whistle-blowing procedures and had received training. The registered manager checked staff understood safeguarding during supervisions and team meetings and made sure staff were aware of what constituted abuse and the reporting process. The staff we talked with confirmed they understood their roles in preventing people from being harmed and knew how to report safeguarding incidents or poor practice. One staff member said, "I would record the concern speak to the registered manager, we would then report to the safeguarding team." The registered manager had a good knowledge of their responsibility to inform the local authority in the event of any potential abuse and harm concerns. Information on the reporting abuse was available to people within the scheme.

There were sufficient staff on duty at the time of our inspection to ensure people received the right level of care. People we spoke with told us staff supported them when they required support and staff told us they felt there were enough staff on duty to give people the support they needed. One staff member said, "At the moment it is enough, we monitor this all the time to make sure, I went to [registered manager] following two new admissions and the numbers were increased for the evening." Although people felt there were enough staff there were mixed views about continuity of staff. One person said, "There are changes at the moment and we do not know who is coming, there are a lot of agency staff at weekends." Another person said, "I would like a bit more continuity of staff." We discussed this with the registered manager who confirmed there had been some leavers and they were using agency staff. They showed us that they had recently recruited four new staff members that were about to start the induction process. Other people told us they were happy with the staff that supported them with personal care. One person said, "I like all the staff here." Another person told us, "If you need help the staff come straight away."

People we spoke with told us staff were aware of risks associated with their care. One person told us they were at risk of falling and said. "I had a fall and could not reach the call bell, fortunately someone came when I shouted. I now have one on my wrist and they come quickly in an emergency." We saw risk assessments were in place and included a summary of risk as well as more detailed information and guidance for staff to follow. In one care plan, we saw a person with Parkinson's disease was a high risk of falls, information about what staff should do to minimise this risk was recorded.

The registered manager monitored the incidents, accidents and falls people had and when they happened in their homes. Where there were any risks or patterns that could be prevented in the future additional advice was sought from professionals, such as the local falls clinic. Health and safety audits were in place to support people to live in a safe environment. Weekly fore tests, quarterly fire drills and monthly audits of cleanliness and infection control were carried out. All actions were forwarded to the organisational health and safety team who met monthly.

There was an effective recruitment process in place for the safe employment of staff. Checks were in place to confirm that staff were suitable to work with people to protect them from harm or abuse. Staff did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been obtained. The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. However, we did find three staff files did not have suitable references in place. We discussed this with the registered manager who told us these staff had transferred from another service and they could not locate all the records. A checklist within the files recorded references had been received prior to start date. All other staff files checked including all new staff had all the required documents in place and we noted detailed observations of staff practice was carried out by the registered manager.

We looked at the way in which people were supported with their medicines. The provider had policies, procedures and auditing systems in place to help ensure medicines were managed safely. Staff had been provided with training and had been supervised to help make sure they carried out this task safely. Not everyone receiving the care service needed this type of support and others needed only reminding to take their medicines. Staff and people told us using the service told us that support with medication varied depending on people's needs. Where people needed support or reminding about their medicines this had been incorporated into their care package. The medicine administration records (MAR) we looked at were completed to the required standard. One person told us, "Staff come and check that I have taken my tablets, they never forget."

The service had policies and procedures in place with regards to infection prevention and control. Staff told us about and followed good hygiene and infection control practices. We saw staff had received training in infection control and prevention processes.

Good

Is the service effective?

Our findings

There was an induction and annual mandatory training provided for staff. The induction was mixture of e learning and face to face training. The induction incorporated the 'Care Certificate Standards' and included infection control, safeguarding, person centred care, privacy and dignity, health & safety, equality and diversity and duty of care. The care certificate is a nationally recognised qualification designed to ensure essential standards are met during the induction phase of new staff. New staff were also required to shadow experienced staff to increase their knowledge of the people who lived at the service. There was also access to more specialist training to meet people's individual needs such as dementia awareness, Parkinson's disease education sessions and positive behaviour support. Staff were positive about the training they received. One staff member told us, "They [provider] give us a lot of training and equip us well to do our job." Another staff member said, "We get reminded to complete our refreshers and they often send out opportunities to do additional training, I have a level three diploma but I got an email about my level four."

Staff told us they felt well supported. One staff member said, "[Registered manager] has shown me a lot, they help me and we are a great team. Even agency staff tell me how supported they feel here." Staff told us and records confirmed they had regular opportunities to speak on a one to one basis with senior staff to discuss their performance and personal and professional development. Supervision records included reflected practice sessions in areas such as abuse, privacy and dignity and complaints. The registered manager also completed direct observation of staff practice to check they were meeting required standards.

Staff were kept up to date about the needs of the people they supported. Care records were accessible for staff to read and update as necessary and staff were informed of any changes to people's needs at the start of every shift. People's needs were assessed prior to using the service. One staff member said, "I get time to sit and chat with people and read their support plans and I know them well."

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found the provider had trained and prepared their staff in understanding the requirements of the MCA. The staff we spoke with confirmed they had received training in this subject; the discussions indicated staff had a good working knowledge of the MCA.

People who used this service had support with eating and drinking where this had been assessed as a need. Most of the people who lived at the service were either independent with eating, drinking and meal preparation or lived with a relative that supported them. The service did have a kitchen available to offer tea/coffee and snacks in the communal lounge every afternoon. The registered manager told us a voluntary service cooked a fresh meal every Friday that was available to people at a small cost. People told us they enjoyed the food provided. One person told us, "It is good food, I enjoy it." Care plans contained information

about people's nutritional requirement and any associated risks or specialist diets. One person had diabetes, which was controlled by diet. This was recorded in the person's support plan and instructions were provided to staff on what action to take in the event the person was unwell. This meant people were supported with their dietary needs. All care staff we spoke told us if a person needed help with meal preparation they would follow the person's choice.

People had access to appropriate health care services to maintain their physical and emotional health and care plans confirmed this. Most people that used the service had capacity or relatives that arranged any appointments or transport to healthcare services. The registered manager told us they had good relationships with GP's, district nurses, the community dementia team and other healthcare professionals and would make appropriate referrals for advice or support when required. The community Parkinson's nurse had provided staff with educational sessions on this condition.

Good

Is the service caring?

Our findings

All the people we spoke with told us they liked living at the service and were happy with the level of care and support they received from staff members. Regular staff knew people well and people knew the staff. We observed staff interacting with the people they supported in the communal lounges or in the persons own home. Staff appeared to have a very good relationship with people and knew them all by name. One person told us, "I find it lovely here and all the girls are lovely. I don't want to move and I love my view." Another person said, "The staff are very good and have been pretty good to me." A relative told us, "The staff are caring and helpful, they will do extra jobs to help out."

Staff explained they enjoyed getting to know people by chatting with them and their families. As people lived in an extra care housing setting people were able to access communal dining, lounge and garden areas. People told us they could choose to use the communal lounge or remain in their own flat. One person was feeding the fish in the garden and told us they did it every day. Staff told us they served tea and coffee in the communal lounge every afternoon and used the lounge for various events or activities. Most people told us they used the lounge as and when they wanted to socialise with other people or attend events. We spoke to the registered manager about one person who told us they preferred not to use the lounge and the reason why. We discussed this with the registered manager who was aware and dealing with this issue.

People we spoke with told us they believed their privacy and dignity to be respected by the staff team. People told us staff knocked before entering their property, and during the inspection staff knocked and asked people if it they wanted to talk to us first. One person said, "They always knock."

Staff we spoke with were able to tell us about how they ensured they upheld people's privacy and dignity. The provider in collaboration with the people they supported had developed a dignity charter and staff members signed up to this charter. Staff had received training on privacy and dignity and the topic was discussed in supervision sessions with staff and team meetings.

We saw the provider had information available for people who used the service about equality and diversity. Staff we spoke with were aware of equality issues and the need to respect people at all times. The provider held themed months to raise awareness in various subjects, this included equality and diversity. Events were held to celebrate other cultures, religions, and events to raise awareness of people's human rights.

People told us they had been asked about their views and experiences of using the service. We found the registered manager held regular meetings with people and sent out surveys. For example, in the last meeting people had discussed maintenance issues they had, and been informed of some kitchen replacements that were planned.

Good

Is the service responsive?

Our findings

People told us their needs were reviewed and kept up to date and they had a care plan folder in their home with information in it about their care. People told us they received care in the way they wanted. One person told us, "They do what I want, and if you ask them to do something they will." Another person said, "I have got to know most of the staff and if there is anything you need they will help." A third person said, "They do everything we want them to do, I do not need the buzzer but we have pressed it accidently and they arrived straight away. Living here has made life easier."

People told us they were involved in their care planning, had seen their care plans, and agreed with what they said. Individual needs were assessed and a person centred care plan was developed. The registered manager told us they had recently introduced a new more person centred format that included people's personal history, their likes and dislikes and what matters to them. A profile was included that recorded 'what is important to me' and 'how best to support me'.

Care plans included daily support, mobility, personal hygiene, well being, nutrition and hydration, medical conditions and related guidance. These were written in a person centred way and people or their representatives had signed the care plan. They described in detail the type of support people were to receive at each visit and the duration of the visit.

When we spoke to staff they knew people and their support needs well, they told us they knew people's allocated times and what support people requested. Staff told us they completed a handover sheet and handed any changes, appointments or requests to the next shift verbally. Staff told us they arranged events and activities for people using the service which gave them an opportunity to chat to people and for people to socialise. One person told us, "We have been to music events, quick quizzes and we like the event the children put on, we also attend meetings in the lounge." A computer was available people had Wi-Fi access to use if required.

The registered manager told us the service was committed to providing good quality care at the end of people's lives. They would liaise with other professionals to identify advice, guidance, equipment and medicines needed to support people. The provider had developed a new end of life care plan titled 'Compassion in care', which will document people's preferences, wishes and requirements about how they would like their care at the end of their life. Staff working at the service had attended training on end of life care.

If people had any worries or concerns they told us they would be confident to speak with staff who supported them or staff working in the office. One person told us, "There was some issues with maintenance but these were eventually sorted." Another person said, "I have never had a complaint but I would go to [named registered manager]." Several people mentioned being able to talk to the senior and felt confident, they would sort any concerns they had. We saw the complaints procedure displayed in the reception area of the building which detailed how people could make a complaint. This had been included in people's paperwork when they joined the service.

We saw the registered manager had a system in place to record complaints and appropriate action had been taken to resolve them to people's satisfaction. For example, we saw historical complaints related to the heating system and saw the provider had replaced the boilers.

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Good

Is the service well-led?

Our findings

People who lived at the service spoke positively about the registered manager and the staff who supported them. People said they saw the registered manager regularly and could speak with them whenever they needed to. We saw people popping into the office for support and advice during our inspection and the registered manager responded positively to them. One person told us, "[Named registered manager] is very nice and helpful." Another person said, "[Registered manager] is here a lot, and a nice person."

We received positive feedback about the way the service was run. Comments included, "I am happy with the service", "It is a nice place to live", "Overall I am happy here", "A good service", "I like the place, I didn't think I would but I do" and, "Very satisfactory." We did get some comments related to continuity of staff and found the registered manager had recruited permanent staff that were about to start their induction into the service.

The provider had recently merged with another organisation and had kept staff involved with the process. A staff survey related to the merger had been completed asking staff about their experiences and information they had received in relation to these changes. Following the survey the organisation produced a document 'you said and we did'. This detailed action points that included chief executive road shows, tea with the director and other ways staff could keep updated about the direction and values of the organisation. The provider often shared information throughout the organisation so lessons could be learnt. These included a monthly newsletter, information related to their themed months and information on involvement. It was clear that when an incident had occurred, the provider was open and honest and any areas of improvement were shared. There was a registered manager in post as is required by law who was supported by their line manager and senior care staff. We found an on call system was in place to enable care staff to gain support during the times the office was closed.

Staff told us the registered manager was very supportive and it was a good service and organisation to work for. One staff member told us, "The [registered manager] is fantastic and knows all the clients." Staff told us how they attended regular meetings to discuss the running of the service and met at the start and end of each shift to share information.

We saw the registered manager had systems in place, which helped them to ensure audits and other checks were up to date. The registered manager completed a quality audit, which included checking records related to the service. All information from these audits were submitted to the provider for analysis and to identify any trends that could support improvements across the organisation. In addition the provider carried out a quality assurance audit which was very detailed and looked at all aspects of the service, the audit included actions required for the manager to address. The provider held monthly health and safety meetings to discuss any concerns and provide information and guidance for their services. The regional manager told us of a recent incident that had occurred in another service and as a result the provider had made changes to all of its services. This demonstrated the provider used information to ensure they continuously learnt and improved.

The registered manager ensured staff received consistent training, supervision and appraisal so they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff meeting minutes and supervision records were detailed, and staff felt they were listened to as part of a team. Staff received regular observations of practice. These included specific task observations, for example, assisting a person who used the service with medicines and ensuring the member of staff used a person centred approach.

The service worked with local authorities to plan packages of care that offered choice and control to people in their own accommodation. We saw that the service was working with other agencies to support a person with complex needs remain safe in their own property. The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that notifications had been received