

## Look Ahead Care and Support Limited

# Mary Jones Court

### 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

### About the service

Mary Jones Court is a supported living service which provides personal care and other support to people with a learning disability. People live in their own flats within a purpose-built building which consists of 20 self-contained flats, a communal area for social events and a staff office. The Care Quality Commission only inspects where people are receiving the regulated activity of personal care. This is help related to personal care and eating. Where they do, we also consider any wider social care provided. At the time of our inspection two people were receiving personal care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcome for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

### People's experience of using this service and what we found

People told us they were happy living at the service and felt safe. Staff knew people well and understood how to promote their safety and protect them from the risk of abuse.

People were supported by sufficient numbers of staff, who were safely recruited to work at the service.

People were consulted by staff about their wishes, interests and preferences. This information was used to develop person-centred care plans to enable people to live as independently as possible. These plans were regularly reviewed and contained guidance for staff to protect people from risks related to their personal care, health and their home environment.

People received support with their medicines, in line with their assessed needs. People accessed health care services with staff support.

People received their care and support from kind and thoughtful staff. This included support to access community amenities and services, and take part in activities arranged by the staff team. Staff provided care and support in a respectful and dignified way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were provided with information about how to make a complaint and any complaints were dealt with in a professional manner.

People were encouraged to contribute their views about their care and support. They could take part in aspects of the running of the service if they wished to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 26 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Mary Jones Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity commenced on 19 February 2020 with a visit to the service and concluded on 17 March 2020 when we received the views of a representative of a person who used the service.

#### What we did before the inspection

We reviewed the information we held in relation to the service, which included notifications about events at the service which the provider is required by law to inform us about, for example any safeguarding concerns. We received feedback from the local authority commissioning and contracts monitoring team. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with both people who received support with their personal care needs, to hear their experience of the care provided. We spoke with five members of staff including the registered manager, a team leader and three support workers. We reviewed a range of records, which included two care plans and the accompanying risk assessments. We looked at six staff files in relation to recruitment, training, supervision and appraisal. A range of records relating to the management of the service were reviewed, which included audits and feedback questionnaires completed by people who used the service and their relatives.

#### After the inspection

We received written comments from the relative of a person who used the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had clear systems in place to protect people from the risk of abuse and harm. Staff received safeguarding training, which was periodically refreshed. Staff explained to us about the different types of abuse that people could be at risk of and described the actions they would take to ensure people's safety and wellbeing, for example swiftly reporting any concerns to their line manager.
- People told us they felt safe and happy with staff, and we observed people were at ease with their support workers. A relative commented, "I do think [my family member] is safe. If I have concerns I can always talk to [registered manager] and staff." The provider spoke with people at tenants' meetings about how to report abuse and safeguarding information produced in an easy to read format was displayed on the communal notice board.
- The registered manager appropriately reported safeguarding concerns to the local authority and notified the Care Quality Commission without delay, in accordance with legislation.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and addressed. Both care plans contained appropriate risk assessments and written guidance to enable staff to mitigate these risks and deliver safer care. Risk management plans covered a range of health and social care needs, for example promoting personal safety in the community and preventing malnutrition.
- Risk assessments were also conducted to identify and address risks to people's safety in relation to their home environments and any equipment used to provide personal care, for example adapted baths and bed rails. Bespoke plans were in place to enable staff to safely assist people in the event of a fire or other emergency in the premises.
- People were supported by staff who had received applicable training to promote people's safety, for example fire safety, basic first aid and food hygiene.

Staffing and recruitment

- People were supported by sufficient staff deployed to safely meet their needs. The staffing rosters demonstrated that there was suitable time available to support people with their personal care needs as well as time allocated for social support at home and in the wider community. Contingency plans were in place to cover for unforeseen staff absences.
- People spoke positively about how staff had enough time to support them to live as independently as possible. One person told us, "I get help every day, I'm very happy with [staff members]."
- Robust recruitment practices had been implemented to protect people from the risk of receiving their care and support from staff who did not have suitable experience and backgrounds to work at the service. Recruitment records demonstrated that the provider conducted detailed pre-employment checks which

included two satisfactory references, proof of identity and right to work in UK and a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable applicants from working with people who use the service.

#### Using medicines safely

- Robust practices were in place to ensure people were safely supported with their prescribed medicines. Staff undertook regular medicine training and their competency was formally assessed annually. Medicines were securely stored in locked cabinets and senior staff checked that medicine administration charts were correctly completed.
- Daily checks were carried out by the registered manager or team leaders to ensure people received their medicines in line with the instructions on their medicine administration records.

#### Preventing and controlling infection

- People told us they were pleased with the support given by staff to assist them to maintain their flats in a hygienic and uncluttered manner. The flats we visited were clean, comfortable and welcoming.
- Staff had received infection control training and understood how to protect people from the risk of cross infection. Staff confirmed they were provided with personal protective equipment, for example disposable gloves and aprons. The provider had held a staff meeting and reviewed their infection control guidance in response to Covid-19 risks to make sure people who used the service and the staff team were protected from unwarranted risk of infection.

#### Learning lessons when things go wrong

- The registered manager spoke with us about how the management and staff team had learnt from an occurrence at the service since the last inspection. Team meetings and individual meetings with staff were used as opportunities to reflect on current practice and consider new ways to promote people's safety and welfare.
- The management team analysed accidents, incidents and other events to identify if there were any emerging patterns. This enabled the provider to develop and implement measures to promote people's safety.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were appropriately assessed before they moved into the service, to ensure the provider could effectively meet their individual needs, wishes and preferences. Comprehensive assessments were conducted by people's social workers, and other relevant professionals if applicable such as occupational therapists and specialist nurses. The provider carried out its own detailed assessments in order to develop people's care plans.
- The provider used recognised assessment tools to identify and address people's needs. These assessments were kept under review by assigned key workers and the management team at the service. The registered manager informed applicable health and social care professionals if people's needs had significantly changed so that a new assessment could be carried out.

Staff support: induction, training, skills and experience

- People were supported by staff with suitable knowledge and skills to effectively undertake their roles and responsibilities. Staff informed us they felt well supported by the provider and could easily access a programme of training to meet people's needs. The registered manager monitored staff attendance at training sessions and their completion of on-line training, to ensure people were supported by staff with current knowledge and skills.
- The training programme enabled staff to improve their understanding of the specific needs of people who used the service, for example training about how to support people with diabetes and epilepsy. This was in addition to mandatory training including equality and diversity, and moving and handling.
- Staff received individual supervision from their line manager and attended regular team meetings, which provided opportunities to discuss their training and development needs and receive updates in relation to the provider's policies and procedures. Annual appraisals were conducted to enable staff to review their performance with their line manager and develop new learning objectives.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that staff provided varying levels of support to enable them to eat a healthy and enjoyable diet. For example, people received guidance to plan their grocery shopping list and a menu within their budget. Staff also supported people with trips to the supermarket and the preparation of meals, in line with their care plans.
- People's individual dietary needs and preferences were understood by staff and noted in their care plans. Staff followed instructions from health care professionals where necessary, for example if people needed to follow a diet for medical reasons or required regular monitoring of their weight. One person told us staff encouraged them to pursue healthy eating guidelines from their GP.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to meet their health care needs by staff who knew them well and were able to swiftly notice if they were not their customary self in terms of their physical or mental health. A relative told us, "I am happy and pleased with everyone giving the support [my family member] needs."
- Care plans contained information about people's health care needs, including any signs and symptoms that staff should observe for that could indicate they were becoming unwell. Records demonstrated that people were supported to attend health care appointments and follow any guidance given by health care professionals. People's oral health care needs were assessed, and they were supported to visit dentists.
- People and their relatives where applicable were consulted about how they wished to be supported to meet their health care needs. Health action plans had been developed, which were reviewed annually or more frequently if there were changes to people's health care needs. This is a guide to a person's health made by the person, their chosen representatives and staff who know them best.
- Staff informed us they had developed positive relationships with local health care providers. For example, health care professionals attended staff meetings to give presentations on topics relevant to the needs of people living at the service including healthy eating and keeping active,
- The provider had organised for an optician to visit the service.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The provider demonstrated a thorough understanding of the Act and was working within the principles of the MCA.
- There was clear information in people's care plans in relation to their capacity to make different decisions, including how they wished to be supported to receive their personal care and other support. Staff explained to us how they offered people choices and supported people to make day to day decisions about their lives, wherever possible. We observed that staff asked people for their consent before they provided personal care and other support.
- Staff had received MCA training and had discussions with the registered manager about any circumstances where it may be necessary for decisions to be made in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service and the relative of one person told us staff were kind and caring. Comments from people included, "The staff are friendly and kind" and "It is good here". A relative stated, "I am happy [my family member] is in a place where staff are caring, staff are just like family."
- We saw that people were smiling, relaxed and at ease with their support workers. One person invited a member of staff to join them for a coffee after they had finished supporting them with their morning personal care and domestic tasks. Staff told us they enjoyed supporting people to live as independently as possible. A support worker commented, "It is so rewarding to see people settle well and gain confidence and new skills."
- People's care plans demonstrated that staff had got to know them well and understood their unique personalities, interests, hobbies and backgrounds. For example, a staff member explained to us why a person liked a particular type of holiday as it pleasantly reminded them of their childhood.
- People's cultural and spiritual needs and wishes were understood by staff. One person was eagerly looking forward to buying the ingredients to make and decorate pancakes with staff for Shrove Tuesday, in line with their own customs. Care plans showed that people's cultural needs and wishes were respected, for example one person liked a traditional cooked breakfast at the weekends.

Supporting people to express their views and be involved in making decisions about their care

- People told us that staff encouraged them to make meaningful choices about their care and their daily routines. For example, one person explained to us that staff worked around their regular attendance at external day resources and clubs so that support for doing their laundry and other housekeeping tasks was provided on the days they did not have their chosen community commitments.
- People were provided with regular opportunities to express their views during individual key working sessions and residents' meetings. A relative confirmed they felt consulted and involved by the registered manager and staff team, "I am happy I get information, everything's fine."
- People were appropriately encouraged to sign their care plans to demonstrate they were involved in the planning and reviewing of their care. Staff supported people to access local independent advocacy services if they needed support to voice their views about their care and support at the service, or any other health and social care services they used.

Respecting and promoting people's privacy, dignity and independence

- The provider demonstrated a clear emphasis on supporting people in a respectful and dignified way. We observed that people regarded the service as their own home and valued their relationships with the staff

team. A relative told us, "I feel comfortable with everyone."

- Staff described to us how they upheld people's entitlement to privacy and treated people with dignity and respect. People were asked if they wished to receive personal care from a support worker of the same gender and their wishes were followed. A staff member said, "We always respect we are in people's homes and it is important they feel comfortable with us being present." Staff confirmed they always checked if it was alright to enter people's flats and made sure the environment was suitably private before they delivered personal care, for example windows were shut and curtains drawn.
- People's confidentiality was maintained by staff. Information about people was only shared with external health and social care professionals or relevant organisations when it was necessary to do so, for example if a person was at risk of abuse or self-neglect. Confidential records were securely stored in accordance with the law.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People informed us that their care and support was flexibly delivered and tailored to meet their individual needs. One person told us they wished to have their shower in the morning as they had a busy day ahead of them, and this was adhered to by staff.
- People were asked how they wished to be supported by staff and their care plans clearly demonstrated their needs, wishes, interests and aspirations. For example, both people enjoyed taking cruise trips with staff support and were assisted by the staff team to arrange their chosen type of holidays. Care plans were regularly reviewed and updated to record any changes in people's health and social care needs.
- There were clear systems in place for staff to promptly report any changes in people's health and welfare. Staff told us they immediately reported any significant concerns to their line manager, and other observations were discussed with their colleagues and the shift manager during the daily handover meetings. Records showed the service promptly liaised with relevant professionals and statutory bodies to ensure people's needs were responded to in a timely manner, including GPs, dentists, social workers and the Benefits Agency on behalf of people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's unique communication needs were explained in their care plans. This information enabled staff to effectively communicate with people in a clear and meaningful way.
- The provider produced information for people in easy read formats including invites to the tenants meeting, in accordance with people's individual needs and preferences. People's communication needs were also recorded by staff in a Hospital Passport. This is a document about a person which provides useful information to assist health care professionals to provide appropriate support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to actively engage in their local community, take part in fulfilling activities, and maintain important relationships with relatives and friends. One person told us they liked to go to the cinema, local cafés and their day centre which organised trips to places of interest. The second person who used the service went for a weekly Sunday roast pub lunch with a staff member and received staff support for shopping, banking and paying bills.

- The staff team supported people to develop friendships with others living at Mary Jones Court. The provider had refurbished a room which was previously a staff area into a lounge for people to informally meet or attend events arranged by staff. This change was undertaken in response to people's wishes. People told us they went to an enjoyable Christmas celebration arranged by the provider.
- People were supported by staff to organise events to mark important occasions in their life. For example, people arranged birthday meals at their favourite restaurants and invited their friends within the premises and members of the staff team to join them.
- People accessed local amenities such as shops and libraries, with staff support where necessary. Staff assisted people to obtain leisure passes, cinema cards and other discounted schemes to enable them to visit gyms, swimming pools and adult education classes within their budget.

#### Improving care quality in response to complaints or concerns

- The provider ensured that people's complaints were taken seriously and managed in a professional and sensitive way. People were given information about how to make a complaint, which was available in an easy to read format. The complaints log showed that any complaints were dealt with in a timely manner, in line with the provider's complaints policy and procedure.
- People and/or their representatives were invited to discuss any concerns with the registered manager at a weekly 'manager's surgery'. This enabled people to raise any issues at an early stage so that the provider could act rapidly to resolve matters.
- We saw a written compliment from the relative of a person who used the service, "[Family member] is very happy here with the caring staff and the care he/she receives."

#### End of life care and support

- At the time of the inspection the provider was not supporting people with end of life care needs. Care plans showed that people, and their relatives where applicable, had been consulted about their end of life wishes. For example, if they would like to see a religious minister or if a funeral plan had been organised by a relative.
- The registered manager told us they would work closely with people's GPs and local palliative care professionals for their advice and support if people needed end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager supported staff to provide people a warm and hospitable environment with a dedicated focus on person-centred care. We noted in people's care plans how staff had worked with people in a gentle and encouraging way to support them with difficult issues in their lives. This included behaviours that challenged the service and placed individuals at risk of deterioration in their health and wellbeing.
- People were encouraged to give their views about the service at the weekly tenants' meetings and through the annual customer satisfaction survey. The provider invited people to take part in customer forum meetings at the head office if they wished to. Information about how to get involved in a range of empowering and sociable activities at the service was featured in the 'Local Welcome Pack' given to people when they moved in and was also displayed on the notice board.
- We observed that there was an 'open door' policy at the service and people called in to the office to speak with the registered manager and staff members. Staff told us they liked the inclusive and fulfilling atmosphere at the service. For example, staff took part in events together such as park runs to raise funds for charities and the provider recognised different staff achievements at their own awards ceremonies.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour; which is their legal responsibility to be open and honest with people when something goes wrong

- People benefitted from the provider's well-structured system for ensuring the service was efficiently and smoothly managed. The registered manager was supported in her role by two team leaders, who both combined management duties with allocated hours for 'hands-on' support for people who used the service. The team leaders and other members of staff escalated any concerns to the registered manager and expressed full confidence in her ability to capably guide and support them.
- Clear systems were in place for monitoring and auditing the quality of care and support, for example we looked at audits for infection control, medicines management and how staff supported people with their finances. Care plans were checked by the registered manager to make sure they were up to date, written in a respectful style and reflected people's own wishes. Additionally, the provider organised an external audit for finances, which demonstrated a rigorous and transparent approach.
- The provider sent notifications to CQC without delay, in line with legislation.
- The registered manager understood her responsibility to be open and truthful with people who used the service, and relevant organisations, if things went wrong with their care and support.

- The provider carried out its own monitoring of the quality of the service which included visits from the senior leadership team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service were invited to attend regular tenants' meetings which were held at the premises. The minutes of these meetings showed that people were provided with relevant information and encouraged to add their own ideas and questions to the agenda. Important topics were discussed, for example fire safety, the security of the building, and how to avoid being a victim of scams and cyber bullying.
- People were offered opportunities to take part in the running of the organisation. This included training to participate in the recruitment of new staff and/or join the provider's quality assurance team on visits to other services within the organisation, to give their unique perspective as a person who used services.
- Staff expressed positive views about working at the service and told us they felt valued for their contributions. For example, staff were pleased the provider supported them to undertake leadership courses if they were interested in career progression within the organisation.
- The provider had introduced opportunities for secondment to nursing associate training programmes as another means of supporting staff with their professional development. A nursing associate is a new stand-alone role designed to help bridge the gap between care assistants/support workers and registered nurses, which also provides a progression route into graduate level nursing.

Working in partnership with others

- The provider had established links with other providers of learning disability services in the borough to extend its scope of social activities and promote shared learning and development opportunities for people living at the service. This included relationships with day centres and creative groups for people with a learning disability, such as a local arts organisation Poetry in Wood.
- The registered manager submitted quarterly monitoring reports about the service's performance to the council's contracts monitoring team for their scrutiny.
- Positive relationships were in place with local health care organisations. For example, people's health action plans were read by their GPs and practice nurses to ensure their health care needs were professionally reviewed.