

Maison Moti Limited

Maison Moti Care Home

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?

Requires Improvement ●

Summary of findings

Overall summary

Maison Moti Care Home provides care and support to a maximum of 15 adults with mental health needs. At the time of our inspection, there were nine people using the service.

This inspection took place on 3 August 2017 and was unannounced.

At the last inspection on 5 May 2015 the service was rated 'Good'.

At this inspection we found the service remained 'Good'.

Statutory notifications to the Care Quality Commission (CQC) had not been made in respect of two incidents reported to the police.

People told us they felt safe at the service and staff demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Detailed current risk assessments were in place for people using the service. Risk assessments in place were reviewed and updated regularly. Staff were knowledgeable around the risks associated with people's mental health conditions.

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

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

The home maintained sufficient staffing levels to support people in a responsive and person centred way.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff had regular supervisions and annual appraisals. Staff were safely recruited with necessary pre-employment checks carried out.

People were supported to engage in regular activities and develop and maintain independence.

Quality assurance processes were in place to monitor the quality of care delivered.

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?

Good ●

The service was safe. There were sufficient staff to ensure that people's needs were met.

Staff were aware of different types of abuse, how to identify abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely.

Risks to people who use the service were identified and managed effectively. Staff had a detailed knowledge of the risks associated with people's mental health conditions.

Is the service effective?

Good ●

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role effectively.

People were given the assistance they required to access healthcare services and maintain good health.

People were positive about food choices on offer and were involved in choosing the menu.

Mental capacity and Deprivation of Liberty safeguards were understood and principles of the code of practice were being followed.

Is the service caring?

Good ●

The service was caring. We observed caring and positive interactions between staff and people who used the service.

People told us they had a good relationship with staff.

People were supported to develop independence.

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Is the service responsive?

Good ●

The service was responsive. Care plans were comprehensive and person centred.

People had access to activities and they were supported to access the community which enabled people to be independent.

The home had a complaints policy in place and people knew how to complain if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not always well led. The provider did not submit all required statutory notifications to the CQC.

The provider had a system for monitoring the quality of care with regular audits and actions taken where necessary.

People, a relative, staff and a healthcare professional spoke positively of the overall management and culture of the service.

Maison Moti Care Home

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 comprehensive inspection took place on 3 August 2017 and was unannounced. This inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

During the inspection we spoke with four people who used the service and we also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. We obtained feedback from one relative.

We spoke with the registered manager, operations director and three staff members and looked at seven staff files and training records.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

We obtained feedback from one healthcare professional.

Is the service safe?

Our findings

When asked if they felt safe living at Maison Moti, people responded positively. One person told us, "I feel safe. Yes, it's good here." A second person told us, "I've always got someone [staff]."

Staff were able to tell us about the different types of abuse, how they would recognise abuse and the actions they would take to ensure people who used the service were safe. Staff told us that any concerns would be reported to the registered manager and if no action was taken they would report their concerns to the local authority or the Care Quality Commission (CQC).

We saw that risk was managed effectively. Care plans identified the potential risks to people in connection with their care. A risk management plan was in place which gave a description of the risk, how the risk affected the person or other people and the control measures in place to mitigate or reduce the risk to ensure people's safety. One person's risk assessment stated that when a person became verbally abusive towards staff or other people, staff were advised to engage the person in a one to one session to explore how the person was feeling. The person was also supported to maintain a journal to record their thoughts and have regular one to ones with staff to discuss their journal and explore issues that may escalate to verbal aggression. The registered manager told us that this had helped the person express their feelings which reduced instances of verbal aggression. Risk assessments detailed the indicators that someone may be experiencing a relapse of their mental health condition. Staff we spoke to were able to clearly describe the signs that may indicate a person was experiencing mental ill-health and what they would do to mitigate the risk.

One person told us they received their medicines as prescribed and told us what their medicines were prescribed for. We checked the medicines administration records (MAR) for nine people and saw these had been completed and signed with no omissions in recording. We checked medicines in stock and they were all accounted for. Medicines were counted on a daily basis, double checked and were documented. Medicines were audited on a monthly basis.

PRN medicines are administered on an 'as and when required' basis and include medicines such as pain relief or medicines for behaviours associated with people's mental ill-health such as anxiety or behaviour that challenged. A PRN protocol was also contained within people's care plans and medicines files. We saw that where a PRN medicine had been prescribed, they were administered only when needed.

Staff who administered medicines told us that they had received medicines administration training which was confirmed by records seen. We saw that staff had a competency assessment on medicines management. This meant that people received their prescribed medicines from staff who understood the importance of why certain medicines were prescribed to people to alleviate the symptoms of their mental health conditions. Staff we spoke to were knowledgeable around why certain medicines were prescribed, specific administration instructions and potential side effects the person may experience.

Throughout the inspection we observed there were sufficient numbers of staff available to meet people's

needs. The rota confirmed the staff that were on duty on the day of the inspection. The registered manager told us that they had been actively recruiting permanent staff following a period of having difficulty in retaining permanent staff. People told us there were sufficient staff to meet their needs. One person told us, "There is enough staff. I hear they are short of staff but it's not affecting me."

Pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection to ensure they were able to work with people safely.

The service had systems in place ensuring the reporting and monitoring of all accidents and incidents involving people living at the home as well as staff. Each accident or incident was recorded with details of the accident and the actions taken in order to keep people safe. Analysis of accidents and incidents formed part of overall quality assurance at the home.

During the inspection, we completed a walk around of the service and looked in some people's bedrooms with their consent. We saw that in some bedrooms furniture such as wardrobes and drawers were in poor repair. At the time of the inspection, the entire home was undergoing a complete renovation which was being completed in phases. Most people we spoke with were positive about the renovation works. One person told us, "They are going to build me a shower in my room." A risk assessment had been completed for each person to assess how the disruption from the renovation works may impact on their mental health and guidance was provided to staff on how to reassure and support the person during the renovation works.

Is the service effective?

Our findings

People told us that staff were approachable and supportive. One person told us, "Anything I want they will give to me." Another person told us, "They have had training. They're good."

Staff told us and records confirmed that all staff completed a period of induction before commencing their employment. The induction followed the common induction standards as outlined in the care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. In addition all staff received training and refresher training in topics such as medicines management, food hygiene, Mental Capacity Act (MCA), first aid, safeguarding adults, mental health awareness and managing behaviour that challenged. A training matrix had been devised which showed the date of training undertaken and the date the training expired.

Staff told us they received regular supervision and an annual appraisal which was confirmed by records seen. A newly recruited staff member told us, "I have finished my induction and I am now on probation. I am having meeting with [registered manager] every two weeks." Supervision's were comprehensive and the staff member was encouraged to use their initiative to suggest areas for improvement in the service such as supporting people to engage in activities of their interest such as knitting. During the supervision, the staff member was also asked to complete a presentation on their knowledge of what makes each person individual, their mental health diagnosis and asked for areas for improvement based on the CQC key lines of enquiry. This meant that staff ensured they knew the individual traits and care needs of all people who used the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The act requires that as far as possible people make their own decisions and are helped to do so when needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People who used the service were not subject to a DoLS authorisation and were not restricted to leave the home. Where a person was physically unable to leave the home on their own, they told us that they were supported to access the community with staff as and when they wanted. One person told us, "I go to the hairdressers, Asda and Boots. I get out quite a bit."

People signed their care plans to indicate they consented to their care. People also told us that they were asked for their consent before providing assistance. One person told us, "Yesterday they gave me a shower. If I didn't want, they wouldn't do it." Staff had knowledge of MCA and DoLS and understood the importance of obtaining consent from people prior to providing assistance. A staff member told us, "I would never do anything without their consent."

People were positive about the meal choices on offer and told us that they could choose what they wanted

to eat if they did not like the menu on a particular day. A person told us, "I like the food. Sweet and sour tonight." A second person told us, "I don't eat onion. They cook me a separate meal. They ask me if I want something on the menu." Care plans provided details of people's dietary requirements as well as their likes and dislikes. One person's care plan stated that they did not like a certain ethnic food and would become agitated if offered the food. People were supported to eat healthily and following a suggestion by a person, fresh fruit was made available in the dining area at all times.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support. One person's care plan stated that staff should remind the person two days before their health appointment to prepare as they may become anxious prior to the appointment. Care plans detailed records of appointments with health and care professionals.

Is the service caring?

Our findings

People told us staff were caring. Comments from people included, "Nice staff", "I like it here. The staff are friendly and they listen to me", "They are very nice to me" and "The staff are very lovely." A relative told us, "It's a family atmosphere there."

Staff were caring and supportive towards the people who used the service. People were treated with kindness and compassion in their day-to-day care. We observed positive and caring interactions between staff and people who used the service. Staff spent time sitting with and talking to people and engaging in one to one activities.

Staff spoke to us passionately about how much they enjoyed providing support to people and encouraging independence. One staff member told us, "Promoting independence is the whole point of the company. Some people will never gain full independence but we try to promote independence in small ways. Recently we organised a cinema trip. People chose what they wanted to see but when we got there they decided they wanted to get food instead which was fine." Another staff member told us, "We go the extra mile to make sure people are happy and have a good quality of life."

We received a positive response when we asked people if staff respected their privacy and dignity. One person told us, "They are very nice." Care staff were able to demonstrate how they ensured people were treated with dignity and respect.

People's religious, cultural and personal diversity had been well documented within their care plan. Staff were also able to demonstrate a clear understanding of each person's needs and requirements and were able to support them appropriately. Where people were from a particular cultural background, they were supported to access media from their country of origin. A staff member told us that one person on occasion attended religious service when they chose to do so. We saw that one person had an interest in discussing religion and staff spent time with the person having this discussion. People were addressed by their preferred name and their choices around their identity was respected by staff.

People were supported to develop and maintain relationships with family and friends. People were supported to maintain contact with family whether through video calls or regular visits. A relative told us, "I meet [person] at least once per week."

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "They always tell me if I have a problem to come and talk to them." A second person told us, "My key worker talks to me quite a bit." A third person told us, "Anything I want, they will give to me."

The provider carried out a comprehensive assessment on initial admission and on a yearly basis which provided detailed information about the person, their mental health background and needs, their physical health needs and their family background. This assessment formed the foundation of the person's support plan. The provider involved the person, any involved relatives and health care professionals in forming the support plan. Throughout the year, people's progress against objectives identified in their support plan were reviewed and assessed. People told us they were involved in care reviews and involved in their care planning. One person told us, "They do those [reviews] with us. They listen to me." A relative told us, "They keep me updated. We had a big meeting in February and another one about six weeks ago."

People were positive about the activities on offer. Comments received from people included, "Yes, we do drawing and on Fridays we do juicing" and "Activities are good for the mind. I get lots to do. I like colouring and stretching exercises." On the day of the inspection we observed staff engage people in a drawing activity. Stretching was on the weekly activity planner but a staff member told us that people wanted to draw instead. Organised activities were arranged within the home and by the provider's centralised engagement team who organised day trips such as London Pride parade and holidays.

People we spoke with seemed happy and did not express any negativity or concerns. People told us they felt comfortable approaching staff if they had any concerns and felt that staff would listen. The service had a policy and procedure in place for dealing with any concerns or complaints. All compliments and complaints were recorded, followed up and resolved. We saw that following a recent complaint made by a person, the registered manager implemented a new procedure for dealing with the particular issue raised by the person to ensure the issue they raised was rectified.

Is the service well-led?

Our findings

We reviewed information we held about the service prior to our inspection, such as statutory notifications. During the inspection, we identified that the registered manager had not notified CQC of two incidents which had resulted in police involvement. One incident was related to a person absconding from the service and the other was related to a person being physically aggressive towards care staff. Neither incident resulted in further police involvement once they had been resolved. We discussed this with the registered manager and operations director who advised that they would ensure that CQC would be notified of any future police incidents. We noted that the registered manager had notified CQC of safeguarding matters.

We received positive feedback from people regarding the provider and manager. One person told us, "I love this company." A second person told us, "[Registered manager] is very kind. She has a nice smile. I'm lucky." A third person told us, "[Registered manager] is really nice. She always says if I have a problem to come to her." A health professional told us that the registered manager was responsive, organised and efficient. They also told us that the registered manager was very caring towards people who used the service. The registered manager and operations director throughout the inspection responded to people's queries and engaged with people in a kind and caring manner.

The service had an open culture which encouraged good practice and continuous learning. Staff spoke very positively about working at the home and the support they received from the registered manager and provider. A staff member told us, "It's the best company I have ever worked for. The appreciation is great. I've been blown away. It's great." A second staff member told us, "The manager is very approachable. Even though sometimes we are very busy, she always has time. She is always there for us."

The registered manager and the provider had a number of systems in place to monitor and improve the quality of care. The registered manager completed regular weekly, monthly, quarterly and annual audits of matters such as medicines management, health and safety, care plans and risk assessments. In addition, the provider completed a regular overall audit of the home which assessed people and staff satisfaction, analysed instances of mental health relapse, staff recruitment and training, finances, medicines, health and safety and equality and diversity. The provider also completed an annual mock Care Quality Commission (CQC) inspection based on the five key questions of safe, effective, caring, responsive and well-led.

Based on the findings of regular audits, an action plan was developed which outlined all the issues or areas of concerns that were identified with details of the actions taken to make the necessary improvements. Areas identified for action at the time of the inspection were to ensure that all care records were audited; all staff mandatory training was up to date, introducing activities based on people's cultural backgrounds and analysis of accidents and incidents. The action plan was updated on a regular basis with completed actions or revised completion dates and reasons why.

As part of the quality assurance process at the service, people were asked to complete an annual satisfaction survey. Feedback was overall positive. An action plan was completed based on people's feedback which was in the process of being communicated to people and staff at upcoming meetings. In

addition, the service implemented a 'You asked, we did' suggestion box. We saw that suggestions were discussed with people and implemented where possible. One suggestion implemented was to put up additional pictures on the walls.

Residents meetings took place on a monthly basis with the registered manager. Minutes of recent meetings confirmed that topics discussed included the on-going home renovation work, activities, menu planning and healthy eating, activities and holidays and the complaints process. In addition, there was a provider wide forum where people from all services came together on a regular basis to discuss issues. Three people from Maison Moti attended the forum and meetings on a regular basis.

Staff confirmed they attended regular staff meetings and told us they felt able to raise any issues or concerns. Minutes of a recent staff meeting showed that MCA, people's mental health relapse indicators, training and development, safeguarding and whistleblowing were discussed.