

# Optalis Limited

# Mokattam

## Inspection report

Altwood Bailey  
Maidenhead  
Berkshire  
SL6 4PQ

Tel: 01628626070  
Website: [www.optalis.org](http://www.optalis.org)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Mokattam was previously operated by another provider until November 2016 when we approved changes to the registration. This is our first inspection of the service under the current provider using the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the first comprehensive rating.

The service provides care and support for up to six adults with a learning disability or an autistic spectrum disorder. At the time of our inspection six people lived at the service, and there were 13 staff employed with three care worker vacancies.

Mokattam has existed at its current address for some time. Plans are underway to build new premises at a different address which will be a fit-for-purpose care home and include additional capacity for people to receive supported living. It is anticipated that the service will move in approximately 18 months after our inspection.

At the time of the inspection, there was a registered manager. 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 were safeguarded from abuse and neglect. There was a robust system in place to ensure that people's safety was maintained. Staff had a good knowledge of what action to take if they felt a person was at risk of harm.

Risks for people were assessed, mitigated, documented and reviewed. Appropriate records were kept and readily available to demonstrate this to us at the inspection. The building and premises risks were assessed and managed to ensure people, staff and visitor safety at all times. However, a prevention and control system for Legionella was not in place.

The service did not have an appropriate system in place to establish whether sufficient numbers of staff were deployed. There was a high reliance on agency workers who were limited in the scope of their role and did not know people as well. Our observations showed that the service was busy at certain times, but overall calm and relaxed and staff were dedicated to the people they supported.

Medicines were safely managed. We examined the handling of people's medicines during our inspection and found that people were safe from harm. Storage of medicines was correct. A pharmacist had not audited the safety of medicines management and the service did not know which areas of practice required improvement or changes. We made a recommendation about medicines management.

Staff were knowledgeable and competent. However, they received inappropriate levels of training, supervision and support to enhance their knowledge and skills. Relevant training subjects frequently used in

the provision of adult social care were in place, but staff had not completed training in a timely way. Staff one to one sessions with their line managers required improvement.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decisions meant the service complied with the MCA Codes of Practice. There was however unclear information at the service regarding people's applications, reviews and expiry dates for standard DoLS authorisations. We made a recommendation about records kept for DoLS.

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.

People received nutritious food which they enjoyed and enough hydration was offered to people to ensure they did not become dehydrated. Snacks and treats were available if people wanted or chose to have them.

We found the service was caring. We used our observations at the inspection to determine compassionate care was provided by staff. We observed staff were warm and friendly with people they supported. As most staff had worked with people over an extended period of time, they had come to know each person well. This reflected in the care that people received from staff.

Responsive care was provided to people. Their wishes, preferences, likes and dislikes were considered and accommodated. Care plans reflected detailed information about each person which was useful to care workers. We made a recommendation about the way daily care notes are recorded. Staff knew about the complaints procedure and people or others had the ability to register their concerns.

The working relationships between care workers at the service were positive. Staff described Mokattam as a good place to work and care for people. Staff told us they enjoyed their roles and although they found management approachable, they considered the leadership of the service required improvement. Insufficient audits of the service were conducted to check the safety and quality of the care.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 not always safe.

Risks from the building, equipment and grounds were not always appropriately managed.

The service could not demonstrate safe staffing deployment.

People's medicines management required some improvement.

People were protected from abuse or neglect.

People's risks were adequately assessed and mitigated.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff support via training and supervisions required improvement.

The building was not fit for purpose.

The oversight of people's DoLS applications and authorisations required improvement.

People's consent for care and deprivation of liberty was in accordance with the Mental Capacity Act 2005 (MCA) and associated Codes of Practice.

People were supported to maintain a healthy balanced diet.

People were provided access to healthcare services and received ongoing support from community professionals.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with kindness and compassion.

People's independence was promoted by staff.

**Good** ●

People's privacy and dignity was respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were person-centred and focussed on people's individual needs.

People took part in social activities and were supported to follow their interests.

The service had an appropriate complaints system in place.

People's feedback about the service was sought, with the assistance of staff.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

Insufficient checks to monitor the safety and quality of people's care were completed.

Staff expressed the relationship with the provider's management team required improvement.

There was a positive working culture amongst care staff.

The conditions of registration were met by the service.

# Mokattam

## 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.

The inspection took place on 15 May 2017 and was announced. We announced the inspection to ensure staff would be on site at the time. The inspection was undertaken by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

For this 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 information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority teams, clinical commissioning groups (CCG), fire authority and environmental health officer for information to aid planning of our inspection. We checked information held at Companies House and the Information Commissioner's Office.

At our inspection some people who used the service were not able to communicate with us themselves. We spoke with the assistant director for regulated services, the registered manager, the support lead and seven care workers.

We looked at three sets of records related to people's individual care needs. These included risk assessments, care plans and daily notes. We also looked at two personnel files and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection. The provider sent documents to us after the inspection for use as additional evidence.

We looked throughout the premises and our Expert by Experience observed care practices and people's interactions with staff during the inspection. Some people who used the service and staff were not present

at the service for the entire duration of our inspection, which limited our ability to observe all aspects of care or support.

## Is the service safe?

### Our findings

The risks to people and others from the building, grounds and equipment were not always satisfactorily managed. When the provider took over control of the service, and afterwards, they needed to ensure that the building was safe for use as a care home. Routine maintenance was undertaken by a housing contractor. Staff were vigilant in reporting issues about the building or areas for repair by way of documenting them. We saw that the service had a suitable fire risk assessment, recent gas safety certificate, examination records for the mechanical hoists and a historical electrical safety report. However, we found there was no Legionella prevention and control system in place. This meant a series of checks including a risk assessment required by health and safety law, were not carried out. We saw results of a water sample test from January 2016 which showed that Legionella was not detected. This was completed under the prior provider and did not provide reassurance that Legionella was under control at the time of our inspection. The registered manager confirmed that they had not received training in Legionella prevention and control. We highlighted our findings to the registered manager and provider. They provided written reassurance that a risk assessment and prevention and control mechanisms for Legionella would be promptly put in place.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with described the continual use of agency workers as a challenge and hindrance to them and the care of people. The use of agency staff meant those workers were restricted by the service from performing certain tasks, such as administering medicines. In one example, we found a delay of a person transported to their appointment because only one permanent member of staff was present on shift with agency workers. This resulted in a complaint to the service from a family member. When we checked people's care documentation, there were no apparent needs assessments or dependency scores. The registered manager was not able to explain to us how sufficient staff were safely deployed to the needs of people. Although the provider actively recruited staff, workers left at a rate faster than new applicants could be inducted. The registered manager explained the service only wanted to recruit workers who were dedicated to the provision of high quality care. We were told applications were received that were not suitable and these were rejected. Not all staff recruitment avenues were explored by the service. For example, advertising locally in shopping areas and at job seeker hubs or organisations was not considered.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for by fit and proper staff. We checked the recruitment files for two staff and all documentation required was in place. The provider followed robust recruitment procedures. The required documents such as proof of identity were in place including references and Disclosure and Barring service (DBS) checks. The DBS checks ensured staff recruited were fit to be employed at the service. Agency worker profile sheets were obtained; however for one agency worker on shift at our inspection, the profile sheet contained outdated information. In another case, the agency worker's induction checklist could not be located.

People were not able to tell us themselves whether their care was safe. Our observation of staff interaction with people who used the service showed workers were mindful of risks. For example, staff supported people who had reduced or impaired mobility to safely move about the service. We saw this during meal times, when care workers prepared people for outings and during social situations, such as going out or coming back to the service. Staff had a good knowledge of each person and the risks that were unique to them.

People were protected from abuse and neglect. Staff were trained about abuse and neglect during their induction and periodically thereafter. We found staff had appropriate knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. We were told a safeguarding and whistleblowing policy were in place and made available to all staff. We viewed these documents and found they clearly set out the obligations of staff and management, and provided information about how to deal with allegations of abuse. Staff told us they had no hesitation in acting to protect people who used the service. We saw that signage with relevant contact telephone numbers was in the staff office. This included reference to the 'Berkshire procedures'; a joint working protocol for protecting people across six local authority areas. The registered manager was clear about their role in managing safeguarding concerns.

We looked at how Mokattam protected people from risks related to their individual personal care and health needs. We reviewed three people's care files and found there was evidence of comprehensive risk assessments in all of them. These included documents detailing someone's risk of epilepsy and another person's disposition of anxiety. Two people had bed rails in place to prevent falls from their bed, and this was satisfactorily evidenced in the risk assessments. There was evidence of the development of appropriate care plans to mitigate the risks. We saw annual reviews of the risk assessments occurred by staff. There were occasions when the risk assessment required more frequent review, for example when a person's condition changed. The care documentation ensured that people's unique healthcare risks were easily communicated to care workers and management.

People were sometimes placed at risk because the service could not demonstrate safe staffing deployment. The number of people who used the service was constant and most had lived at the service for a long time. We reviewed the deployment of all staff with the registered manager as part of the inspection. We were advised of the daily staff shift patterns and number of staff for each shift. Changes in the provider and successive service managers meant that there was inevitably some care worker turnover over a sustained period. This led to the routine use of agency staff. The use of agency staff tended to increase over weekends, when management were not usually at the service. In records we viewed the use of agency workers ranged from 128 to 159 hours per week.

We assessed if medicines were safely managed. We found there were some areas where the management of medicines required improvement. There was a medicines policy dated May 2015 for staff to refer to. Staff attended medicines training during induction, followed by a period of supervised practice and a competency assessment. This ensured the safe technique of the care worker administering the medicines. Competency assessments were repeated routinely. People had medicines profiles in their care folders which set out what medicines were given and when. We saw medicines incidents were appropriately logged and reported to the provider. Medicines were stored locked away in people's bedrooms or in the staff office. Areas that required improvement included the recording of bedroom temperatures to maintain medicines effectiveness, recording of creams or lotions application to people's bodies, counting in and out of medicines and increased liaison with a pharmacist. An appropriate audit of medicines safety was not completed since registration of the service.

We recommend that the service reviews the safe management of medicines to ensure policy and procedure

is in accordance with national best practice for care homes.

The service was clean and odour free. Staff were responsible for cleaning and ensuring that they adhered to the infection prevention and control requirements from the Department of Health. Staff we spoke with had a good knowledge of how to ensure people's safety from infections or cross contamination. The age of the building and the fittings had considerable impact on the ability of staff to ensure a thoroughly clean environment.

## Is the service effective?

### Our findings

We found the service and provider had not established appropriate support, training, professional development and supervision to enable staff to carry out their duties. We were unable to examine most information about training, supervision and performance appraisal at the inspection and wrote to the registered manager afterwards to request this. The documents were provided in line with our request. We saw the provider's objective for staff support was to alternate practical observation and supervision sessions with the care worker approximately every six weeks. We received no records of staff induction and only information about one staff supervision session held in 2016, since registration of the service. A document we reviewed showed most staff participated in either an observation or supervision session with their line manager in the months leading up to our inspection. Planned dates of further staff discussions with their manager were observed in the document.

Staff training required improvement. The only subject that staff had adequately participated in was safeguarding or protecting adults at risk. The remainder of the topics the provider considered necessary for care workers were not satisfactorily completed. We saw these subjects included basic first aid refresher, safe moving and handling of people and medicines refresher. The registered manager explained that due to the change in provider and the different methods or labels for training topics, it was difficult to document training that staff had attended. We added the service to the provider's registration in November 2016. Therefore the service had enough time to ensure staff continued sufficient training leading up to our inspection. We noted in documents received after our inspection that staff were booked for full days of training.

Staff had completed training in all topics considered mandatory or required by legislation under the registration of the prior provider. Some of the training was outdated, for example with training in one subject last recorded as occurring in 2014. Details of staff performance appraisals were provided which demonstrated these were planned for future dates. The registered manager explained this was to ensure that the process for Mokattam's staff was in tandem with the yearly cycle of the current provider. This was suitable and reasonable. However without continuity of staff supervision, observation or training, there was no assurance that staff knowledge and skills were kept up to date to ensure effective care to people.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were observed to be knowledgeable, skilled and experienced in providing care and support to people who used the service. When we spoke with staff, they confirmed they had received satisfactory training in the past, to provide the right kind of care. We found the staff team were eager in their learning and had a passion to learn about personal care. This was reflected in their experience of helping the people they cared for.

Mokattam is based in an old residential house that was converted for use as a care home. On the ground floor there was the kitchen, dining room, lounge room, two bedrooms (both with an ensuite) and a toilet.

Outside there was a garden and the laundry. On the first floor, there was the staff office, four bedrooms and one cramped communal bathroom with toilet. The building was not fit for its purpose. There were some risks to people who reside at the premises. There was a lack of storage within the building, which meant that items were stored in areas that were unsuitable. This had the potential to lead to trips or falls. The staircase steps were short and presented in a winding fashion, without a passenger lift. This meant people and staff needed to exercise more care to prevent falls when using the stairs.

Little refurbishment or redecoration had occurred over time, especially any that made it a suitable place of people with learning disabilities. Recent extensive electrical works were required in order to ensure that fixed wiring and outlets were suitable for continued use. We noted care workers attempted as best as possible to make the service homely, despite the limitations of the building. The service had appropriate risk assessments in place for the premises and grounds. Planning permission was granted for new premises elsewhere in the local community. However, at the time of our inspection an additional application to comply with conditions of the original planning consent for the new site were not determined by the local authority.

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. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Deprivations of liberty were required because people would be placed at risk if they left the service of their own accord and therefore were under continuous supervision. We found the service deprived people of their liberty in line with the principles of the MCA and DoLS requirements. We spoke with the registered manager regarding standard DoLS authorisation documentation for people. There was no master list kept of which people had applications, authorisations or expired DoLS. We found that five people had a DoLS in place but one person's DoLS authorisation had expired three months prior to our inspection and no new application was submitted to the relevant local authority. We pointed this out to the registered manager and this was corrected immediately after our inspection.

We looked at people's care folders for evidence of their standard DoLS authorisation documents. These were not clearly set out, with three folders containing application forms only and no other relevant documentation, such the outcomes from the best interest decision makers. Without the appropriate documentation in the care folders, staff would not have the knowledge of which people were subject to DoLS authorisations or conditions placed upon the service. One person's DoLS authorisation we saw did have four conditions placed on it from the best interest decision assessor. These included that the person should be referred to a physiotherapist for a mobility assessment and to use a visual (photograph) timetable staff on duty to reduce anxiety. This would also benefit other people who used the service. The service was creating a mural at the front entrance which would include staff pictures that were on duty. This was not complete at the time of our inspection and the DoLS condition was in place from nearly one year earlier.

We recommend that the service sets up a clear system to ensure that DoLS applications are made in a timely

way, documentation is readily available for care workers and that conditions of DoLS are always complied with.

We observed both the breakfast and lunchtime meals. We found people were provided with appropriate nutrition and hydration. Staff took an active part in meal times. We saw they encouraged people to help prepare the food and sat down with them, sometimes eating their meal at the dining table at the same time. They observed people carefully, and offered alternatives if the person did not like what they were eating or drinking. We saw staff encouraged people appropriately, and tried to ensure their independence was maximised where possible. For instance, we observed one staff member say 'well done' to a person who was managing to eat porridge on their own. Menus were clearly displayed but staff told us there was no rigidity in the selections and these could be changed at short notice. Meals often also consisted of eating out or having people's favourite takeaway delivered. People's weights were routinely recorded and tracked over time to monitor for any unexpected loss or gain. We checked the pantry, fridge and freezer and saw there were good stock levels and an appropriate range of foods. Staff were aware to contact a GP for a referral to a dietitian if a person's risk of malnutrition increased.

People at the service were actively supported to maintain good health. As far as possible, people were supported by the service to attend all necessary medical and healthcare appointments away from the service. Sometimes, people would refuse their appointments, tests or examinations. To relieve people's anxiety, staff explained they encouraged people that good healthcare was necessary, and made repeated attempts to ensure the tests or visits occurred. Examples of good support to people related to healthcare included ensuring at least annual GP visits. We saw other healthcare professionals attended the service on occasions. Staff we spoke with were knowledgeable about people's ongoing health matters, especially their learning disability diagnoses and individual personalities. Whilst living at Mokattam, people were offered the same variety of healthcare support as anyone living independently.

# Is the service caring?

## Our findings

Not everyone who lived at the service was able to tell us themselves whether the service was caring. We observed kind and compassionate care at Mokattam. Throughout our inspection, we watched people's receipt of care and saw that they were happy and relaxed with the staff.

The staff team were committed to caring relationships with people who used the service. We spoke with a group of care workers to gather their views about the care provided at Mokattam. When asked their impression of the care provided to people, one worker said, "It's wonderful. This is a homely, nice atmosphere. We are like a family." Another staff member told us the service was, "Welcoming; I haven't seen this level of care anywhere else [I have worked]." A further care worker explained, "We've had our ups and downs over time, but the service users are what keeps us going. The care given here is second to none. We are a group of people who think alike." Another care worker, newly commenced in their role told us, "I love it (the care). I will never leave."

The service's staff embraced Makaton and were competent in its use. Makaton uses signs, symbols and speech to help people communicate. Signs are used, with speech, in spoken word order. We saw two people who used the service were able to perform Makaton to effectively communicate with staff. Staff we spoke with were familiar with common signs used in Makaton. This meant staff were able to communicate with people and also receive key information from them. Staff showed us a handbook created by the service with common signs and gestures. One person was very excited that we looked at the book with them, and they wanted to show us the Makaton signs they knew. For other people who did not use Makaton, we noted staff were able to use non-verbal cues to understand people's wishes or feelings. During our observations of people and staff interactions throughout the day, we noted staff recognise people's emotions, behaviours unique to individuals and what the cues meant. For example, after a meal one person wandered about in the kitchen. The staff member knew that this indicated the person wanted a cup of tea. After receiving the drink from the staff member, the person sat down and was content in the lounge room. Staff use of Makaton meant people were involved in day to day decisions involving their care.

People were not always able to be involved in their care planning or review. Where possible, information was presented in an easy-read format with pictures and symbols to help people understand what the care plans were about. For example, we saw pictures of what people liked or disliked, and this included their favourite foods, drinks and social activities. We reviewed care documentation and found that relatives, friends and healthcare professionals were also actively involved on behalf of people. A key worker ensured each person's care planning and decision making was current and reviewed yearly or more frequently when needed. There was good evidence of best interest decision-making by care workers when some people could not provide answers about particular aspects of their care. This meant, as far as possible, people could be involved in care planning and review.

Staff told us they were keen to ensure people's dignity and respect was always displayed. We found staff demonstrated respect of people's privacy when personal hygiene care was provided, by closing bedroom doors and curtains. We observed staff knocked on people's bedroom doors when they were closed. We saw

staff announced their presence and sought consent from people to enter their rooms. We saw staff called people by their preferred name and treated them with respect when they communicated with them. We observed frequent laughing and smiling between the people who used the service and staff who provided the support. This showed people received respectful care that was an enjoyable experience.

Confidentiality of people's information was maintained, including electronic records and communication. We noted computers required a user password to log in. Computers and most paper-based records were stored in a staff office. We did not observe any instances of people's personal information being located at an inappropriate place within the building. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant the provider ensured that confidential personal information was handled with sensitivity and complied with the legislation.

## Is the service responsive?

### Our findings

We looked at whether people received personalised care. We noted that everyone's bedroom was tailored to their individual likes and preferences. One person's room was painted pink, with lots of sensory stimulation that included lighting effects. Staff told us this was because the person liked these things. Other people's bedrooms included their favourite items such as pictures of family and friends.

We looked at three people's care plans to determine whether care at the service was responsive to their needs. We found people who used the service had their personal needs and preferences taken into account. We saw that when people's needs changed, or an incident had occurred, the risk assessments and care plans were adjusted to ensure people's care was always safe. There was good evidence of effective care for one person, who liked to help out at a local charity shop. The care plan demonstrated the person particularly like jewellery, and how staff could assist the person to fulfil their wishes at the charity shop. Staff also told us that the person often received jewellery from the shop as a type of payment for their assistance. This demonstrated that the service provided personalised care responsive to the person's needs.

Daily logs of care were maintained. However staff described the daily care record as a task focussed 'tick box' form that did not capture the true detail of people's care for the day. When we reviewed the documents staff referred to, we found that this was an accurate representation and the service had moved away from handwritten accounts of people's care to a checklist style document. This meant staff and the service did not record a holistic vantage point of the care people received. Instead, the documents focussed on activities of living tasks, such as whether someone had brushed their teeth or hair.

We recommend the service reviews the method of recording people's daily care.

The provider had a complaints policy and procedure. Information with regards to how to make a complaint was available, and also produced in an easy-read format. Staff we spoke with knew about the complaints policy and the steps they would take if a person or relative wanted to make a complaint. There was the ability to escalate complaints through to the provider if people or relatives felt their complaint was not handled well or were dissatisfied with the initial outcome of an investigation. There were two complaints received by the service since registration. We examined the recording, investigation and response to the complaints. These were handled appropriately and the complainant received written responses with outcomes in both instances. Since registration, we had not received any complaints or information of concern about the service.

Some people who used the service were able to provide basic feedback to staff. Other people would not be able to provide meaningful answers to questions. Therefore, 'residents' meetings were not conducted at Mokattam. We found evidence that meetings were held with people's families. These were on an ad hoc basis, with other methods of communication, such as phone calls or e-mail used between the meetings. We received a list of dates where meetings were held with families. We saw this included one meeting where the provider announced the transfer of registration in 2016. Another three meetings were conducted across 2016 and 2017 to consult with people about the new premises being constructed. Brief meeting minutes were

provided to us from the April 2017 consultation. This showed the provider gave information to two families about the timeframe for the new building and how people would have a choice of colours for décor and flooring. Feedback from those who attended was not recorded. Meeting minutes were not provided for the prior meetings.

Surveys were conducted with people and their families. However, not all people who used the service could communicate their experiences of care. The registered manager explained that a 'customer experience champion' was employed at provider-level was responsible for the coordination of people's feedback. Staff were required to assist people to provide their feedback about care. The survey was also produced in an easy read format of six simply-worded questions so that people could have a better understanding of the questions being posed. The survey was centred on gaining useful information about key aspects of the service. These included questions such as, 'Do you know who the person who runs the service where you live?', 'How would you describe your support staff?' and what is commonly referred to as the family and friends test, 'How likely are you to recommend Optalis to friends or family if they needed similar help or support?' We were provided two people's completed surveys from March 2017.

Both were filled out with the assistance of staff. We saw that staff recorded people's responses to some of the questions. For example, one person told staff they cried when they were upset about the care they received. In another example, the other person provided answers about what they wanted to do the following day. Staff wrote supplementary answers to the questions based on their knowledge of the two people. The responses by staff indicated their knowledge of what was right with the person's care and where support might be able to improve. It was not possible to draw any meaningful conclusions to the feedback due to the small number and answers recorded.

## Is the service well-led?

### Our findings

We found that a limited number of audits were conducted to measure and improve the safety and quality of care. No audits or documents used to record care quality practices were presented to us at the time of the inspection. We wrote to the registered manager after the inspection and requested they send us evidence of any quality or safety audits completed. We received five monthly 'health and safety checklists' from 2017. Although these were a type of 'inspection', the purpose was to assess, document and mitigate risks only. This document did not measure the safety or quality of care for people. Audits of key service indicators such as care documentation, infection control, food preparation and safety, personnel files and medicines management were not completed. A monthly finance audit of people's personal allowances was conducted. We saw the format and noted this was always by the same staff member, without a second staff member cross-checking the details. We explained to the registered manager that this was a potential risk as accountability for people's personal budgets was maintained without oversight.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager maintained a 'continuing improvement plan'. This tool captured areas for improvement in an action plan format. Areas for service improvement were listed under our five 'key questions', named staff were allocated, timeframes set and each action was risk rated using red, amber or green to indicate the completion. This was a good system to use to ensure risks or areas of care that required changes were captured and continually assessed. The viewed a version of the tool at our inspection, but requested an updated copy be sent afterwards. We received a copy of the improvement plan dated 8 May 2017. Areas highlighted red (highest risk or priority) were similar to evidence we found at our inspection of the service. These included staff deployment, staff supervisions and training and staff knowledge of the provider's policies and procedures. We saw the action plan detailed specific staff along with the registered manager were responsible to ensure that the required actions were undertaken to improve the service.

We contacted local stakeholders to gather feedback about Mokattam and received one reply. This stated, "Mokattam generally continues to provide a very good level of support to its residents. The residents and families appear happy with the care they receive. Most residents are due for review soon but the last reviews show general satisfaction with the service.

We found a positive workplace attitude to people's support was present between care workers that worked at Mokattam. We were welcomed into the service and staff wanted to talk with us and show us the standard of care they provided to people. During the course of our inspection we observed the team worked well together and people were treated appropriately by staff. Staff pointed out to the inspection team areas where they felt good care or support was provided. We noted excellent communication between the care workers to ensure coordination of the care. This included involvement of the agency workers on shift that day.

The registered manager was responsible for two of the provider's services. They divided their working hours between both locations, but had the flexibility to dedicate more hours to a particular service if there was a requirement to do so. When we spoke with staff they provided mixed feedback to our question of whether the service was well-led. One care worker told us the registered manager was, "Not here often enough." Another staff member agreed that accessibility to the registered manager was sometimes problematic as there were two services which were managed. One staff member stated, "I can tell him (the registered manager) what I want and he will listen. He is approachable, but does not put things into action." A further care worker commented to us, "[The registered manager] does not give me inkling as to whether I'm [doing my job] well or not." We provided this feedback to the registered manager at the end of our inspection, who was receptive of the staff's opinions. We also spoke with the provider, who confirmed that following our inspection, they had discussed the staff opinions of management in an attempt to form better working relationships. The registered manager's availability at the location had an impact on the level of leadership they were able to provide to the team.

Staff went on to comment about after hours support they received by the provider's various on-call managers. They described instances where they had telephoned the duty manager but were unable to reach them, or where they tried to explain a situation at the service and the on-call manager was not familiar with the context of the service, the people or their needs. This led to further frustration of the staff in trying to undertake their roles and they explained the leadership of the service over time had knowingly contributed to some staff leaving.

There were no surveys conducted with staff to gather their feedback since the change of provider. The registered manager explained there was a staff consultative forum that was chaired by the provider's human resources director, which met every three months. Staff at Mokattam had the opportunity to provide feedback to the forum for consideration at planned meetings. A staff communication folder was present, which contained flyers and printouts of important information. The staff and registered manager told us they were able to easily access the information and ask questions if anything required further explanation. Staff held meetings at regular meetings. These focussed on operational management of the care, and not on issues that were specific to staff and their roles. On the day of our inspection, a meeting was held with nine care workers and we received the minutes to review. We saw the discussion included topics such as safeguarding, health and safety, key workers, cleanliness of the premises, and food safety. The meeting then went on to discuss important updates about each person who used the service. These were useful meetings to hold to ensure the majority of staff were briefed about the service's key information and needs of the people supported. For night workers or any other staff not present at the meetings, the minutes were made available for perusal.

We reviewed the service's statement of purpose at our inspection. We noted that the service indicated they cared for or had the ability to care for people with some mental health conditions. We also found the service did not include they cared for people with sensory disabilities. These are referred to as 'service user bands'. We asked the provider to send a statutory notification and an updated statement of purpose to us after the inspection to reflect the types of care provided to people. We did not receive a statutory notification or revised statement of purpose from the service.

Accidents and incidents were recorded by staff and reviewed by the registered manager at the service level. Where necessary, investigations occurred to determine the root cause of incidents. It was not possible to deduce any patterns or trends to prevent similar incidents from reoccurring, as the number of reported concerns was low. It was planned that information pertaining to accidents or incidents at Mokattam would be routinely sent to the provider via 'safety net'. However 'safety not' was not in use at the service at the time of our inspection, and so relevant data was communicated to the provider's central quality monitoring

systems. We saw a blank version of the 'safety net' tool. The registered manager explained the tool would be populated at regular intervals and the information then sent to the provider. The tool contained relevant areas for recording training, medicines, people's finances, complaints and compliments. It was not clear why the service had delayed the use of the tool to report the information from Mokattam to the provider. The failure to send the information regularly meant the provider could not effectively measure key outcomes of the service, areas of strength and those which required improvement.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the all of circumstances under which they would send notifications to us. Our records showed that the service sent required notifications to us.

Services are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. At the time of the inspection, the service had a duty of candour policy dated May 2016. The document repeated the wording of the relevant regulation but did not specify actions or steps to take if there was a requirement to use duty of candour in relation to a notifiable safety incident. The service had an occasion where the duty of candour requirement was required after an injury to a person. When we requested documents relevant to the use of duty of candour, these were not maintained. We explained to the registered manager this was unsatisfactory and provided the opportunity for this to be corrected promptly after our inspection. We received evidence after our inspection that the service completed the requirements set by the relevant regulation for the serious injury that was previously sustained by the person.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users. The registered person failed to assess risks to the health and safety of service users and do all that was reasonably practicable to mitigate any such risks.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not effectively assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced person were not deployed in order to meet the requirements of this part. Persons employed by the service provider in the provision of the regulated activity did not receive appropriate support, training, professional development and supervision as was necessary to enable them to carry out the duties they were employed to perform.</p>