

L&Q Living Limited

117-119 Mollands Lane

Inspection report

117-119 Mollands Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 7 November 2017 and was announced.

117-119 Mollands Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

117-119 Mollands Lane accommodates up to six people in one adapted building who may have learning disabilities or autistic spectrum disorder. The service does not provide nursing care. On the day of our inspection five people were living at the service.

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

The service requires and did have 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.

At the last inspection, the service was rated 'Good' in all five domains. At this inspection we found the service remained 'Good'.

The service was safe. There were enough staff to help keep people safe, meet their needs and protect them from harm and abuse. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. There were safe systems in place for receiving, administering and disposing of medicines.

The service was effective. People were supported by staff that had the skills and experience needed to provide effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice. People were supported to eat and drink enough and maintain a balanced diet and to access health and social care services when required.

The service was caring. Staff knew people very well and were kind and sensitive to their needs. Staff were observed providing very good personalised care and it was evident they clearly knew people well and understood their individual needs. Staff ensured people's privacy and dignity was respected and maintained at all times.

The service was responsive. People were involved in the planning and review of their care and support

needs. There was a strong emphasis on person centred care. Care plans were regularly reviewed and people were supported to plan their support to ensure they received a service that was based on their personal needs and wishes. People were encouraged and supported by staff to pursue their interests and hobbies and activities were tailored around people's likes, choices and abilities.

The service was well-led. The registered manager demonstrated strong values and commitment to learn and implement best practice, ensuring people had a good quality of life. Staff were highly motivated and proud to work at the service. There were systems in place to regularly assess and monitor the quality of the service provided and people living and working in the service had the opportunity to say how they felt about the home and the service it provided.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

117-119 Mollands Lane

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.

The comprehensive inspection took place on the 7 November 2017 and was announced. We gave short notice of the inspection because the location is a small care home and people living at the service are often out during the day; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications we had received about the service and information from the local authority. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

During our inspection we spoke with three people, three members of staff, the registered manager and the regional business manager. We looked at a range of documents and written records including two people's care plans, risk assessments and daily records of care and support. We also looked at records which showed how the service was managed, reviewed staffing records, quality assurance information and minutes from staff and resident meetings.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and harm and risks to people's safety as at the previous inspection and the rating continues to be Good.

People told us they felt safe living at the service. Staff were trained in recognising the signs of abuse, understood the importance of keeping people safe and protecting them from harm. Staff we spoke with were able to demonstrate a good understanding of safeguarding and whistleblowing procedures and what action to take if they felt people were at risk; including reporting to external organisations such as social services or the Care Quality Commission (CQC). Information was available to people in accessible formats, for example pictorial to enable them to understand what constitutes abuse and how to report any concerns. The registered provider had also held a 'safeguarding awareness' month, which included holding workshops to promote awareness amongst people using its services.

People's care plans identified individual risks to people both within the service and when accessing the local community. Management plans were in place to mitigate any identified risks. For example one person had expressed a wish to attend an external club independently and measures had been put in place to enable them to be able to do this safely. Staff had an understanding of managing risks whilst allowing people as much independence as possible. The service assessed and regularly reviewed risks associated with people's care and support and records showed that the service supported people to have as much control and choice as possible when making decisions. This approach ensured risks to people were minimised, allowed them to feel safe and have as much freedom as possible.

Systems were in place to record and monitor incidents and accidents and these were monitored by the registered manager and the registered provider. This ensured that if any trends were identified prompt action would be taken to prevent reoccurrence. Records showed that staff were trained in first aid and fire awareness and how to respond to emergencies. Contingency plans were also in place to deal with emergencies and staff were aware who to contact in the event of an emergency.

There were sufficient staffing levels to meet people's care and support needs safely. Staff told us that they felt there were always enough members of staff on each shift. During our inspection we observed staff supporting people in a timely way to meet people's individual needs. The registered manager told us that staffing levels were under constant review. The regional business manager told us, "If people's needs change and we need additional staff we will put that in place immediately; we would not wait for the commissioners to agree the additional hours. If people need extra support they should not have to wait; it's important their needs are met." Although no new staff had been recruited since our last inspection in October 2015, regular checks were undertaken by the registered provider with the Disclosure and Barring Service (DBS) to ensure staff remained of good character and suitable to work with vulnerable people.

There were systems in place for the safe management of medicines. Medicines were stored safely in a locked cabinet in people's bedrooms and were administered by staff that were appropriately trained and had their competency to administer medicines checked regularly. Medicines administration records (MARs) that we

looked at were completed correctly with no gaps or anomalies.

People lived in a clean environment. We observed all areas of the home to be clean and there were suitable infection control systems in place. Checks were completed to ensure good infection control processes were upheld. Records showed that staff had received infection control and food hygiene training.

The registered provider operated an open and transparent culture and encouraged staff to report concerns and safety incidents, and systems were in place to learn from these. This was confirmed to us by staff who were able to provide examples including incidents which had occurred at the registered provider's other services .

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported with their health and dietary needs and to access healthcare services. The rating continues to be Good.

The registered provider had equality and diversity policies in place. The registered provider was committed to promoting and embedding equality and diversity by ensuring people are treated fairly, valuing differences and removing barriers that limit access and opportunities. The registered provider had held a 'Disabilities Awareness' month and minutes from residents meeting showed discussions had taken place reminding people that everyone had their own strengths and weaknesses. This ethos was evident throughout the service's care planning process. The regional business manager told us, "Everyone is the same, all have the same rights and with the right support and tools [people] can have the same opportunities no matter what their disability."

Staff had received appropriate training and support to meet the individual needs of people. Staff spoke highly of the registered provider's training programme. Staff told us they felt supported in their roles and enjoyed their work. They received regular supervision and a yearly appraisal of their performance.

People were supported to eat and drink enough and maintain a balanced healthy diet. People were involved in the planning of menus and were supported to order the weekly 'on line' shopping. Pictorial menus were available and people were able to choose alternatives if they chose not to eat the planned menu. Snacks and fresh fruit were readily available throughout the day and night. Care plans noted people's food dislikes and likes and people were able to provide regular feedback on meals provided. Where appropriate, people were encouraged and supported by staff to prepare their meals and drinks.

There were processes in place to ensure people received consistent care and support. This included handover meetings between staff shifts, a communication book and the use of a 'huddle board' in the office. The huddle board enabled staff to see important information easily and quickly. For example, any changes to people's medicines or actions to be undertaken following visits to health and social care appointments. Staff told us that they felt the huddle board was helpful and there was effective communication between the staff team to ensure people's care and support needs were met.

The registered manager demonstrated to us how the service ensured people could have a good quality of life and described how they worked with other agencies to achieve this. For example they described how one person with anxiety issues had, prior to living at the service, had a very high number of hospital admissions due to their anxiety levels. Staff had worked closely with the person and other agencies to minimise the person's anxiety 'triggers' with the outcome that the person had not had any hospital admissions for a significant period of time. Guidance for staff was clearly displayed on the actions to take should the person become anxious. We noted feedback from a healthcare professional stated, '[Name of person] needs are currently being managed well which has now reduced their hospital and GP attendance

greatly.'

People were supported to maintain good health including accessing healthcare services as required such as psychiatrists, GPs, opticians and dentists. The outcome of health appointments were recorded within people's care plans so that staff were aware of the outcome of appointments and, where required, actions to take. People also had hospital passports; these are documents which include information about the person's medical and support needs. They are used as a quick reference for sharing information with other healthcare professionals. This ensured continuity of care and reduced people's anxiety for example if they were admitted to hospital. Care records demonstrated the service worked effectively with health and social care services to help ensure people's care needs were met.

People's diversity was respected and their bedrooms were personalised to reflect their own interests. Adaptations had been made to the service when required to ensure people's care and support needs could continue to be met thereby enabling them to maintain their independence; for example a stair lift had been installed for one person whose mobility needs had deteriorated. This enabled them to remain enjoying living at the service without any restrictions in accessing other areas of the home. The garden area was tidy and a summer house available for people to enjoy. The summer house allowed people to play games such as darts, snooker and to socialise with others. A 'painting room' had also been made available for one person who preferred to spend time alone and pursue their artwork.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Standards (DoLS).

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received MCA training. They were able to demonstrate a good working knowledge of the MCA and understood the importance of gaining people's consent and helping people to make choices on a day to day basis. People's capacity to make decisions had been assessed. This meant their ability to make some decisions, or the decisions that they may need help with and the reasons as to why it was in the person's best interests had been recorded. We were assured from our observations that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves. Where people had been deprived of their liberty appropriate applications had been made to the 'Supervisory Body' for a DoLS authorisation.

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection and continued to receive a service that was kind and caring. The rating continues to be Good.

The service had a strong visible person centred culture. Staff provided a caring and supportive environment for people who lived at the service. Staff had worked at the service for a number of years which enabled positive relationships to develop. People valued their relationships with the staff and spoke highly of individual staff members. During our inspection we saw that people and staff were relaxed in each other's company and it was clear that staff knew people very well. There was free flowing conversation and exchanges about people's wellbeing and about their day. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way and took time to listen closely to what people were saying to them. We saw a comment the service had received from a relative which stated, "I feel that your staff care about the clients. They have also shown patience and seem to go above and beyond. [Name] has only been in this placement for a short time but seems happy."

People were involved in making decisions about their care and support. Care plans were person centred and contained detailed information about people's likes, dislikes and preferences in regard to all areas of their care including cultural and religious beliefs; all the staff we spoke with were able to demonstrate a good knowledge of how people wished to be supported. The service displayed information about local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager was able to provide examples of how they had worked effectively with advocacy services to ensure people were supported to understand and be involved in making decisions about their care and support.

The registered provider had systems in place to ensure effective communication for people using its services was available in accessible formats such as large print, pictorial, DVD and Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Translation services were also available if required. This meant that people received information in a way that helped them to understand it. The registered manager told us how one person was using a different care planning tool as this enabled them to better understand and work towards achieving their goals. This showed that people were empowered and enabled to understand and make decisions about the care and support available to them to achieve their goals and aspirations.

The service was committed to providing people with privacy and dignity. The registered provider, as part of its raising awareness and embedding good practice in care and support initiative, held a dignity awareness month to coincide with the National Dignity Day in February 2017. The service had a dignity champion. A dignity champion is a person who promotes dignity and equality within the service.

People were supported to be as independent as possible. Staff encouraged people to do as much as they could for themselves and care records recorded what people could do for themselves and where they needed support. This ensured that staff provided care in a way that helped to maintain people's

independence and, where appropriate, support people to develop independent living skills to enable them to meet their aspirations of moving to a more independent setting. One member of staff told us "It's very important that we encourage people to be as independent as possible."

People were supported to maintain links with their families and friends. People were supported by staff to maintain their personal relationships and to maintain links with their families and friends. Staff we spoke with had a good understanding of who were important to people, their life histories and aspirations for the future. For example one person's goal was to live in a more independent setting with their partner and staff were supporting them to gain the necessary living skills to enable them to achieve this.

Is the service responsive?

Our findings

At this inspection we found the service was responsive to people's individual needs and supported people to lead meaningful and fulfilling lives as they were at the previous inspection. The rating continues to be Good.

Each person had a care plan that was tailored to meet their individual needs such as personal care preferences, specialised care needs, and any cultural or spiritual needs and wants. People told us they were involved in the development of their care and support plan and that they were happy with the care they were receiving. Care plans were reviewed regularly and we saw evidence that people had been consistently and actively involved in developing their own care plans.

People were provided with the opportunity to try new things or do things they enjoyed and to socialise and meet up with friends. Staff actively encouraged and supported people to follow their interests and hobbies and to access their links with the local community; this included attending local events and enrolling on college courses. For example, one person had been supported to enrol in a pottery class and they showed us the things they had made which they had clearly enjoyed doing. Another person who had a passion for painting and had a dedicated room within the service to pursue their hobby. They had been supported to enter the registered provider's artwork competition. The registered manager told us the person's artwork would be included in the registered provider's 2018 calendar. People who used the service told us they enjoyed the activities provided both within the service and the local community.

The registered manager demonstrated to us how the service ensured people could have a good quality of life and described how they worked with other agencies to achieve this. For example, they described how one person with anxiety issues had, prior to living at the service, had a very high number of hospital admissions due to their anxiety levels. Staff had worked closely with the person and other agencies to minimise the person's anxiety 'triggers' with the outcome that the person had not had any hospital admissions for a significant period of time. Guidance for staff was clearly displayed on the actions to take should the person become anxious. We noted feedback from a healthcare professional stated, '[Name of person] needs are currently being managed well which has now reduced their hospital and GP attendance greatly.'

The service had a policy in place for dealing with concerns and complaints and this was clearly displayed at the service and was available in different formats such as DVD and pictorial. Systems were in place to respond to any concerns and complaints and records showed these had been actions in a timely manner. People told us they were listened to and would speak with staff or the registered manager if they had any concerns. One person said, "If I am not happy about something I will tell them straight."

Although no one living at the service was receiving end of life care, the registered manager told us people would be supported to receive end of their life care. They went on to say that they would work closely with relevant health care professionals to ensure people received dignified and comfortable end of life care. There had been one death at the service since our last inspection and the registered manager explained how they had supported people at the service following the death of a person living at the service. Care

records showed that people had been asked about their 'final wishes'. The registered provider had detailed end of life care plans and guidance in place to ensure effective end of life care.

Is the service well-led?

Our findings

At our last inspection we found the service was as well-led and this inspection the service continues to be rated as Good.

The service had a registered manager who was supported by a senior member of staff with the day to day management of the service.

The registered manager had worked at the service for a number of years and demonstrated their commitment and passion to ensure people received good quality care. We asked the registered manager and regional business manager what they knew about the Registering the Right Support Guidance (CQC's policy on registration and variations to the registration for providers supporting people with learning disabilities). They were able to demonstrate an understanding of the principles of the guidance and informed us there were no plans to increase the current provision at 117-119 Mollands Lane.

The registered provider's vision and values were displayed at the service and were fully embraced by staff who were committed to ensuring people had the best quality of life. Staff told us they felt the service was well-led and the registered provider and registered manager put people at the forefront of service delivery. All staff we spoke with told us that all levels of management were approachable and they felt confident to speak openly with management.

During our inspection we noted that the registered provider had introduced a number of initiatives across all of its services to help improve the quality of people's lives and supporting staff to achieve positive outcomes for people. For example, an 'Inclusion' initiative had been developed to help combat isolation and loneliness for people who used the provider's services. Themed months, including the delivery of workshops for staff and people using the service, had also been held such as disability awareness, equality and diversity, safeguarding and health and well being to raise awareness and to embed good practice.

Staff felt supported and valued and enjoyed working at the service. They told us that the registered manager operated an 'open door' policy and that they were available day or night for support and guidance. Staff told us morale was high and they worked effectively together as a team. They went on to tell us that management had been open and transparent during a recent merger with another organisation. The regional business manager told us that the registered provider was committed to supporting its staff. They went on to say that 'mindfulness' training was offered to all staff to support them to manage their well-being. The registered provider had achieved 'Investors in People – Gold Standard'; this is an accolade which is awarded to organisations in recognition of their staff management practices.

Regular staff meetings were held and topics such as updates on people living at the service, training, activities and the day to day running of the service were discussed. The registered provider actively encouraged feedback from staff to help improve services for people. This was confirmed by staff we spoke with. They told us that they were able to openly discuss any concerns and put forward suggestions for improvements to the service. For example staff had recently been consulted on new care planning

documentation. One staff member told us this was important and they had welcomed the opportunity to be able to feed back their views on the proposed documentation. This showed us that staff had the opportunity to be involved in how the service was run.

The registered manager actively sought the views of people who used the service and others. This was done in a number of ways such as daily interactions with people, resident meetings and surveys. Feedback was taken into account to improve the quality of the service.

The registered manager told us they received good support from the registered provider. They attended internal and external meetings which provided them with an opportunity to network with other providers, share good practice, discuss challenges and keep up to date with changes in the care sector. They also kept themselves updated by accessing websites such as 'Skills for Care' and the 'National Institute of Excellence' (NICE) to obtain guidance relevant to the management of the service.

There were systems in place to monitor the quality and safety of the service. The registered manager was committed to delivering a high standard of care to people and carried out regular checks and audits such as health and safety, medication and the fire system to ensure people's health and welfare. The registered provider also visited the service regularly to undertake quality assurance checks. This demonstrated that the registered provider had a quality assurance programme in place which was effectively monitored. A quality monitoring report undertaken by the local authority in March 2017 for the service showed that a score of 79% had been achieved which evidenced a good service was being provided to people. Following the local authority inspection we saw that the registered manager had developed an action plan for the completion of recommended actions and at the time of our inspection all actions had been completed.