

Maria Skobtsova House Limited

# Maria Skobtsova House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 23 and 29 March 2017 and was unannounced on the first day.

Maria Skobtsova is a small residential home providing care, rehabilitation and support for eight people with mental health and physical needs. Some people are detained under the Mental Health Act and are under supervision in the community. Maria Skobstova House is affiliated to an organisation called St Anthony-St Elias also known as "the Community".

At this inspection there were eight people living at the service (one person was in hospital and one person transferred to a different service during the inspection).

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service had a registered manager in post. 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.

On the day of the inspection staff were relaxed, and there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were organised, clear, easy to follow and comprehensive.

People were comfortable with staff supporting them and we observed positive interactions. Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff had appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well and monitored. People were promoted to live full and active lives. Staff were motivated, and creative in finding ways to overcome obstacles that restricted people's independence.

People had their medicines managed safely. People received their medicines as prescribed, received them

on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, social workers, occupational therapists and physiotherapists.

People we observed were safe. The environment was uncluttered and clear for people to move freely around the home. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected. The service followed the processes which were in place which protected people's human rights and liberty.

People were supported by a staff team that had received a comprehensive induction programme, tailored training for mental health conditions and ongoing support.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

The service had a policy and procedure in place for dealing with any concerns or complaints. No written complaints had been made to the service in the past twelve months.

People and staff all described the management to be excellent, supportive and approachable. Staff talked positively about their jobs. The registered manager was supported by deputy manager and the provider.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed from trends. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service. Inspection feedback was listened too to further enhance quality of care.

## 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.

# Maria Skobtsova House

## 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 was undertaken by one inspector. The inspection took place on the 23 and 29 March 2017. Before the inspection, we reviewed information we 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.

Prior to the inspection, we asked the provider to complete a Provider Information Return. 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 this information as part of the inspection.

During the inspection we spoke with the registered manager, the deputy manager and three members of staff. We spoke with five people at the service. We received feedback from the local authority and the local safeguarding team during the inspection.

We looked at five records related to people's individual care needs and discussed the care and support other people at the service received. These included support plans, risk assessments and daily monitoring records. We also looked at records related to the administration of medicine, three staff recruitment files and records associated with the management of the service, including quality audits and a themed feedback questionnaire.

Following the inspection we requested feedback from 11 health and social care professionals.

# Is the service safe?

## Our findings

The service remained safe.

People were kept safe by staff who understood what keeping safe meant and how to support people to remain safe at Maria Skobtsova House and within the community. Staff we spoke with were aware of people's vulnerabilities, they told us or said they closely observed people and monitored for signs of financial exploitation and bullying and harassment within the service. Staff had completed safeguarding training and were clear on the internal and external reporting procedures. Staff told us, "We are visible, observant and listen – we talk to people, we talk about bullying; we report any concerns to the management; as a team we are here to keep the guys safe."

People were supported by suitable staff. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were supported by sufficient numbers of staff to keep them safe. The registered manager regularly reviewed the staffing levels, so that people received reliable and consistent care, and to help ensure staff could be flexible around people's needs and activities. During the inspection we observed staff responding promptly to people's needs and people confirmed this.

People were supported by staff that understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risk and maintain people's independence. Staff ensured the environment was safe to enable people's safety and independence for example walkways were clear of trip hazards and non-slip bath mats were in place where necessary. Regular room checks ensured where needed window restrictors were in place. We spoke to the registered manager about risk assessing potential ligature points within the home which might have the potential to harm. They agreed to action this following the inspection.

Risk assessments highlighted where people were at risk of behaviours due to their mental health needs. Staff knew the plans in place for each person to mitigate these risks and when to involve people's health and social care professionals. For example staff were aware of those who might have verbal outbursts when unsettled and who could be aggressive. Staff knew potential triggers and were skilled at de-escalation and distraction skills. Some people had physical health needs, for example balance and co-ordination difficulties. Staff knew to ensure people were encouraged to wear their head protection where this was required, and appropriate footwear. Where people's health had deteriorated and they were at risk of falls the service were proactive and considered equipment such as alarmed pressure mats to enable staff to assist people promptly and reduce the likelihood of falls.

Tailored support plans were in place to keep people safe. Some people were detained under the Mental Health Act 1983, this meant the service were required to work with certain restrictions in order to ensure people and others' remained safe. Leave in the community was negotiated with people with safety

measures in place, for example the length of time people might go out for, contact details and procedures to follow in the event people did not return within the specified time frame.

Medicines were administered consistently and safely. No one was on medication without their knowledge (covert). Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MAR) and, we noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's medicine charts and care records included information about people's medical history, known allergies and how they chose and preferred to be supported with medicines. The management team and staff confirmed they had a good relationship with their local pharmacy for any advice or support they required. People told us they had their medicines as they liked them, "Shaken not stirred!" Some people were becoming more independent with their medicines; they were prompted and supported by staff to achieve this in a safe way, at their pace. Staff knew those people who were on medicines which required special monitoring and knew potential side effects to be aware of.

## Is the service effective?

### Our findings

The service continued to provide effective care which met people's complex needs.

People were supported by well trained staff who met their health and social care needs. The provider (Maria Skobtsova Limited) had an essential training programme which staff were required to complete. Additional training was provided for staff by to enable them to support people's complex mental health needs. The registered manager closely monitored staff training to ensure it remained in date and training was sourced for people with complex forensic mental health needs. Staff confirmed the provider was committed to developing staff and encouraging further health and social care qualifications to ensure staff had the skills and knowledge required to care for people effectively. Staff told us this gave them confidence in their role. Comments included,, "The training helps us understand better; reduces stigma and ignorance." Another staff member told us, "I've learned from the training but it's been meeting all the people here, understanding their experiences and life histories, how people have survived...". Staff found getting to know people taught them the most.

Staff received a thorough induction programme, which included shadowing experienced staff when they started with the provider. The management team monitored staff progress through regular supervision and one to one meetings to ensure they were confident in their role. Newly appointed staff where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings.

Formal and informal supervision took place. Staff confirmed they felt supervision was beneficial, provided a platform for them to discuss good practice alongside areas of concern, and motivated them to continually improve.

Some people had cognitive impairment and the management team and staff understood when appropriate, to assess in line with the Mental Capacity Act 2005 (MCA). The 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. Staff displayed an understanding of the requirements of the act, which had been followed in practice.

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 Safeguards (DoLS). The management team understood the processes they were required to follow if people's health needs changed.

People where appropriate, were supported to have sufficient amounts to eat and drink. Although staff



encouraged people to join in with cooking to develop their culinary skills, staff did the majority of the cooking. Some people had been supported to cook and had enjoyed making their favourite dishes such as curries, other told us they liked, "being waited on!" People cooked, ate and shared food like a family might. The large kitchen was a central point in the home where people freely came and went to make drinks and have a snack. For safety, the large kitchen was locked at night but people had access to a smaller kitchen and fridge if they were thirsty or hungry. People who were at risk of choking had appropriately been referred for an assessment to the Speech and Language therapists. Some people at the service had diabetes. Staff educated and prompted people to follow recommended diets where this was needed, understanding some people chose otherwise. Some people's medication could cause weight gain and these people also received advice on eating a healthy, well-balanced diet to minimise excessive weight gain.

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals had been contacted.

# Is the service caring?

## Our findings

The service remained caring.

People were well cared for by staff that had a caring attitude and treated them with kindness and compassion. People told us, "Staff are kind, they take me out and listen"; "X is really good, very supportive; when I've felt like throwing in the towel, they have been there"; "It's great, it is a loving, warm home"; "They are greatly caring, not patronising, help you where needed."

Equality and diversity was understood and people's strengths and abilities valued. People who lived at Maria Skobtsova House had a variety of different backgrounds, experiences and health needs. Staff worked with people in a non-judgmental manner, with respect and with great understanding of their complexities.

Staff had genuine concern for people's wellbeing, they worked together to ensure people received good outcomes and had the best quality of life possible. Staff commented that they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they mattered. Staff told us people at the service were like their extended family, and spoke about people's achievements with pride. Staff told us, "We are patient, compassionate and understanding"; "I try and boost people's morale; I use humour to lighten the mood and give the guys a good time"; "All the staff here are so lovely; it is so caring – we never judge people or each other; it is so welcoming here"; "It is such a privileged job; I couldn't write what we do here – we laugh hard and cry hard – it is an amazing feeling being able to make someone's day a little better."

Staff took time to get to know people by reading their care records, talking to their family, health and social care professionals and discussing people with the team. Therapeutic relationships with people were fostered because staff invested time in people. They nurtured and paid attention to people so they were cared for. Staff knew people's particular mannerisms which might mean they were distressed, anxious or unwell because they knew them. They took prompt action to address what might be causing someone's anxiety for example by providing one to one time with people or taking them out for a walk to help calm and distract them.

Some people were under close supervision due to their health needs. We observed how staff effectively balanced protecting people with promoting and encouraging their independence. When required, staff had gone the extra mile to provide intensive support to care for people, for example if funding was not in place for additional support. The provider had supported and cared for staff at these times.

People's privacy and dignity were respected; people were encouraged to be as independent as possible. One person living at the home had health needs which meant they had continence needs. Staff were conscious they were very private about this and ensured the gender of staff was considered when supporting the person and this was done in a thoughtful, considered way. Staff were mindful when people were unwell they might wear clothing which might not ensure their dignity in the community. They worked alongside people to encourage more appropriate clothing and footwear so they would not be vulnerable

when they went out of the home.

People's independence was valued and encouraged. Staff encouraged people to develop and maintain skills to enhance their abilities to self-care. For example some people did their own laundry in the community, others were gaining confidence using public transport and some had found non paid work. This helped people's confidence and self-esteem. One person told us, "I've got my independence back again; I go to the laundrette, out for coffee, signing, tai chi, knit and natter; my health has improved, I'm sleeping better and I'm happy."

We observed people felt comfortable around staff and appropriate touching and physical contact between people and staff indicated people felt they mattered and belonged. People freely came in and out of the staff office to chat to staff.

People were proactively supported to express their views as far as possible. Staff gave people time, and were skilled at giving people explanations and the information they needed to make decisions. Once decisions had been made, staff acted upon them to help ensure people's views were listened too and respected.

Advocacy support services were available for people if needed, for example when considering moving on to different services. Staff at the service also advocated for people ensuring their views and wishes were listened too.

People's confidential information was kept secure and staff understood the need to respect people's private information. A policy supported how staff were to manage sharing information about people to other agencies.

## Is the service responsive?

### Our findings

The service remained responsive.

People received consistent personalised care, treatment and support. Once the service agreed to support a person, an initial assessment took place. Staff made every effort to empower the person and their family if appropriate, to be actively involved in the whole process. Evidence was gathered about the person's medical history and life. People were supported to move to Maria Skobstova at a pace which was right for them.

People, families and health professionals where possible, were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Staff were skilled in supporting people and in assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and supported them to achieve their aims. For example staff had noted when people were no longer enjoying activities they did in the week or were ready for a little more independence. The service responded by reviewing their activity plans. Staff struck the right balance between empowering people and including healthcare professionals and family in treatment and support plans.

Each person had individualised care plans that reflected their needs, choices and preferences, and gave detailed guidance to staff on how to make sure personalised care was provided. For example, those who preferred male / female to provide personal care were known and people's preferences were respected regarding what time they liked to wake and rise. People's changes in care needs were identified promptly and with the involvement of the individual, family and professionals as required. Review plans were then put into practice by staff and regularly monitored. Regular staff handovers and staff discussions shared important changes to people's care. This meant staff knew what had changed and how to support people as they required.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who mattered to them. People were supported to see their family and many had made friends in the sister organisation. People were enabled to take part in activities and encouraged to maintain hobbies and interests. For example, people enjoyed rock climbing, theatre trips, art, and singing and film nights. Staff told us they were constantly considering new ideas for people dependent upon their interests. People had recently enjoyed attending a dance in the local shopping centre and a convention called Comic Con for people who had a particular interest in films and entertainment.

The service had a policy and procedure in place for dealing with any concerns or complaints. People's behaviour was monitored through observation for any changes which might mean they had concerns. People told us they would always talk to staff about any complaints.

# Is the service well-led?

## Our findings

The service remained well-led.

People and staff, without exception, all described the management of the home and the provider to be excellent. Comments included "They are all approachable, open and supportive"; "X (the registered manager) is too good"; "They are on the ball, very organised"; "They speak to us on the same level – equals – they (the registered manager and deputy) are a dynamic duo"; "So supportive"; "They communicate, get stuck in; always on the floor."

There was a positive culture within the service. Maria Skobtsova was a small home which everyone described as a "home from home"; warm and welcoming and supportive. Staff shared, "Feel fully supported by the organisation"; "Supported by all the senior management, they helped me at a difficult time" and "Everyone works as a team and works together"; "Staff feel supported no matter what their role or job."

Feedback was sought from people where possible and those who mattered to them, and staff, in order to enhance the service. Questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. As a result of staff feedback the service were introducing the hospital passports to support people's care if they required hospital admission. Hospital passports contained important information about the person to help ensure their needs were appropriately met if they should require an admission to hospital or other healthcare facility.

The registered manager told us they and the staff were continually looking to find ways to enhance the service they provided. Management and staff meetings were held where staff were updated on information within the house such as maintenance, repair and decoration. Issues which had been identified from managers meetings, inspection and audits were shared with staff.

The service worked in partnership with key organisations to support care provision particularly mental health services and people's funding authorities. Good working relationships had been fostered with local doctors and the local community mental health teams and social workers.

The registered manager and provider created an open, honest culture. They were aware of what they could and could not do, where improvement was needed and learned from feedback and situations they had experienced. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager and provider inspired staff to provide a quality service. Staff were empowered under their leadership, told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff told us, "My strengths are utilised here, it's a diverse company; the hours and shift patterns are great for work-life balance."

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly

defined how staff that raised concerns would be protected. Staff told us, "We feel secure raising issues here; there's an open way of working here which in a job like this is vital."

There was an effective quality assurance system in place to drive continuous improvement within the service. Senior management's visits to the house occurred frequently to conduct internal inspections. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. New audits were being developed for example a "room check" audit which staff and people did together. We spoke to the registered manager about ensuring where an issue had been identified this had been signed as completed on the internal audit forms.