L&Q Living Limited

Bocking Alms Houses

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

This inspection took place on the 12, 13 & 18 April 2017 and was announced.

Bocking Alms Houses provides personal care support for people with a learning disability within a supported living environment across five of the provider's housing with care schemes across Essex. In a supported living service, people's accommodation is provided by separate housing providers or landlords, usually on a rental or lease arrangement. In this situation the care people receive is regulated by CQC, but the accommodation is not. At the time of this inspection there were 26 people receiving support with personal care in accommodation at Bocking, Barnes, Tolpuddle and Beehive Lane.

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 told us and relatives confirmed they felt safe from harm and well cared for and supported to develop and maintain their independence. Staff had received training in recognising the signs of abuse and action they should take to safeguard people from the risk of or where they suspected abuse.

There were suitable arrangements to deal with a range of emergencies if needed. Possible risks to people had been identified and guidance was in place to guide staff in steps they should take to mitigate the risk of harm. People received their medicines when they should and staff had received training on the safe administration of medicines.

There was a commitment to ensure people were fully involved and consulted in all aspects of their lives. People and their relatives said staff were caring and kind, and, we observed this to be the case. People were treated with respect and dignity and were involved in decisions about their care. People were asked for their consent before care was provided and staff were aware of their roles and responsibilities with regards to the Mental Capacity Act (2005).

People received effective support from motivated, well trained staff who were knowledgeable about their needs and preferences. There were enough staff to meet people's needs and the provider followed safe recruitment procedures. Staff were supported well and received regular opportunities to discuss their training and development needs.

People's dietary needs were met and their independence was encouraged where this was appropriate and where they needed support this was provided. The service worked with health professionals, when necessary; to ensure people's changing health needs were supported appropriately and responded to when required in a timely manner.

People's individual needs and preferences had been assessed and implemented in planning their care. People's support plans were person centred. They had up to date information about people, their healthcare, personal care support, likes and dislikes. People were supported to access appropriate health care services to maintain their physical and emotional health with access to a range of health and wellbeing services.

People were encouraged to increase their skills to become independent and provided with a range of suitable activities to encourage social inclusion and develop life skills. The support provided increased confidence and empowered people to achieve their goals.

Complaint procedures were in place and were available in a variety of formats to enable people with varying needs to share their views. People and their relative's knew how to raise concerns.

The culture of the service was open, inclusive, empowering and enabled people to live as full a life as possible according to their choices, wishes and preferences. The management team provided effective leadership to the service. Staff understood their roles and responsibilities and were well supported by their management team.

There were systems in place to monitor the quality and safety of the service and identify any area for action. The provider consulted with people to ascertain their views through satisfaction surveys and listening events. This meant they actively planned for continuous improvement of the service they provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely with systems in place to identify and respond to medicines administration errors. Staff were trained and regularly competency assessed.

There was a robust system for identifying and responding to risk. Risk assessments were person centred. Risk assessments also supported people to take positive informed risks.

Staff were provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report concerns appropriately.

Is the service effective?

Good

The service was effective.

People received effective support from motivated, well trained staff who were knowledgeable about their needs and preferences.

People's rights were respected because the service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People were supported to develop their skills and confidence around meal planning and preparation.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring in their approach.

Staff had developed positive relationships with people and involved people in the planning and review of their own care and treatment.

Staff treated people with dignity and respect. The managers and staff consulted with people about every aspect of their lives. Staff responded positively to people's support needs and had a good understanding of their individual wishes, choice and preferences.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences had been assessed and implemented in planning their care. People's support plans were person centred. They had up to date information about people, their healthcare, personal care support, likes and dislikes.

People were encouraged to increase their skills to become independent and provided with a range of suitable activities to encourage social inclusion and develop life skills. The support provided increased confidence and empowered people to achieve their goals.

Complaint procedures were in place and were available in a variety of formats to enable people with varying needs to share their views. People and their relative's knew how to raise concerns.

Is the service well-led?

Good

The service was well led.

The culture of the service was open, inclusive, empowering and enabled people to live as full a life as possible according to their choices, wishes and preferences. The management team provided effective leadership to the service. Staff understood their roles and responsibilities and were well supported by their management team.

There were systems in place to monitor the quality and safety of the service and identify any area for action. The provider consulted with people to ascertain their views through satisfaction surveys and listening events. This meant they actively planned for continuous improvement of the service they provided.

Bocking Alms Houses

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.

This inspection took place on the 12, 13 & 18 April 2017 and was announced.

This inspection was carried out by one inspector.

We looked at other information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We spoke with seven people who were able to verbally express their views about the quality of the service they received and eight people's relatives. We observed the care and support provided to people and the interactions between staff and people throughout our inspection.

We looked at records in relation to six people's care. We spoke with two scheme managers including the registered manager, six members of staff and two regional managers.

We also looked at records relating to the management of medicines, staff recruitment, staff training and systems for monitoring the quality and safety of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with were positive in their response when asked if they felt safe with all staff. Comments included, "Yes, I feel safe with all the staff, they are all very nice to me", "This is my home, I like it here and I am safe and get to do what I want to do" and "This is a happy, safe place. We are one big family and I like it here."

All of the relatives we spoke with also told us they had no concerns regarding the safety of their relative. One relative told us, "I am extremely happy. [Relative] is a different person since they moved in there. They lead a full and purposeful life doing what they want to do, living life in a way they would choose to live it. The staff understand them very well. We could not ask for more." Another told us, "We are absolutely thrilled to bits. They do a fantastic job in supporting [relative] to live a full, independent life in a safe environment."

There were policies and procedures in place for guiding staff in recognising abuse and steps to take in reporting and safeguarding people from the risk of abuse. Staff received training to ensure they were knowledgeable about how to respond to any concerns they might have and knew how to report them appropriately. Staff told us they were aware of the provider's whistle blowing policy and the majority of staff we spoke with knew how to raise a safeguarding alert with the local authority.

People told us they were able to confide in staff with any concerns or worries. One person said "I could tell [staff's name] anything. This is a safe place to live. I like living here." Another person said "This is a safe place and staff keep us safe when we go out."

There were systems in place to ensure people were protected from the risk of financial abuse. Where the provider held money on people's behalf, regular checks were carried out to ensure managed people's finances on their

Potential risks to people's health, welfare and safety had been assessed, monitored and guidance provided to staff to mitigate the risk of harm. A full assessment was carried out before someone came to live at the service. This identified any possible risks to people and a written plan provided for staff to reduce the likelihood of these risks occurring.

We saw that a range of risk assessments were in place that considered risks to people's physical, social and mental health. Risk assessments were person centred and supported people to take positive, informed risks. For example, identification of risks associated with meaningful relationships, accessing the local community, the risk of financial abuse, absconding and the risks associated with presenting behaviour that may present as a risk to the individual and others. We observed staff knew people well and demonstrated a person centred approach when considering risks to people's safety whilst also acknowledging their right to live life according to their wishes and preferences.

Staff carried out regular environmental risk assessments and checks to ensure the supported living accommodation remained safe for the people living there. All staff received training in health and safety and

infection prevention. Regular health and safety audits including infection control audits identified shortfalls and actions taken to mitigate risks to people's safety.

There was a system for logging all accidents and incidents and records showed that the provider analysed incident and accident reports across all the schemes on a monthly basis to identify patterns and trends. Records showed that all risk assessments were monitored and reviewed annually and as and when people's needs changed.

Staffing was calculated based according to people's care and support needs. All of the people we spoke with were satisfied with the support arrangements in place and said that the packages of care in place met their needs.

Staff told us staffing levels were appropriate to meet people's needs. One member of staff said, "There are enough of us here to make sure people are safe and looked after." People were not able to discuss their views about this aspect of their care. Our observations during our inspection confirmed there were sufficient numbers of staff to meet people's care and support needs. We saw people were supported to take part in activities and to enjoy their daily routine with the support of staff without waiting unduly to go out or be supported with personal care.

The manager told us that staffing levels were flexible according to people's assessed packages of care. Staffing levels were regularly reviewed to ensure they had enough staff and could be flexible to respond to any changes of need for example, to support with access to health care appointments or allocating a waking member of staff on duty if this was required.

People's medicines were managed safely with systems in place to identify and respond to medicines administration errors. People were supported to take their medicines as prescribed by staff who had received medicines management training and had their competencies to handle medicines checked regularly. People had detailed records for their medicines these included, an identity photograph, and details of any allergies or possible side effects of medicines for care workers to be aware of. Protocols for as required medicines were in place. We checked the medication administration records (MAR). Apart from a couple of missed signatures at one scheme these were up to date and corresponded with the stock of medicines available for administration.

The provider had guidance for care workers about procedures for responding to medicine errors should they arise. Monthly medicines audits were completed to check for any issues with administration with a record of actions taken in response to shortfalls identified.

The registered manager at Bocking told us, "I regularly take part in morning routine shifts. By this I mean I support people with their personal care and medication. I like to do this at least three or four times in a 28 days cycle. This helps me with monitoring medicines management and check that procedures are being followed by staff such as the signing of medicines administration records and that prescribed creams are being applied correctly. Where there have been concerns we discuss at team meetings and carry out regular competency observations."

The risk of abuse to people was reduced because there were effective recruitment and selection processes for employing new staff. Managers told us people who used the service had been involved in the recruitment and selection of new staff as part of the interviewing panel.

A review of staff employment records and discussions with staff showed us that appropriate recruitment

checks had been carried out prior to staff starting work at the service to ensure they were suitable to be employed to work in a social care environment. Where agency staff had been recruited, staff members profiles had been requested which confirmed that relevant safety checks had been carried out by the agency and staff appropriately trained.

Good

Is the service effective?

Our findings

Staff were knowledgeable about each person's needs, wishes and preferences and provided support in line with people's agreed plans of care. This meant the service was effective in meeting their care and support needs.

People told us, "All of the staff are nice. They help me to get ready for work and when I go out." Another told us, "My confidence has grown. They don't get in the way but are there to support me when I need help."

Newly appointed staff told us they had been provided with induction training and opportunities to shadow other staff. This they told us supported them to grow in confidence and become familiar with people's care and support needs before they worked alone. The majority of staff had been provided with training appropriate for the roles they were employed to perform. Staff were supported with refresher training as part of the provider's ongoing development of staff. However, at one scheme we found not all staff had been supported with safe moving and handling training and were actively involved in using a hoist to support one person to mobilise. We discussed this with the scheme manager who immediately following our visit informed us that all staff with this training outstanding had been booked on to a shortly to commence training course.

Staff received support through one to one supervision meetings with their line manager, regular staff meetings and annual performance review appraisals. These provided opportunities to monitor staff performance and support planning for staff development and identify training needs. We noted from a review of staff meeting minutes that these were provided on a regular basis and provided opportunities to discuss team working performance issues, planning for improvement of the service in line with the vision and values of the organisation and enabled staff to raise any concerns they might have. All of the staff we spoke with told us they enjoyed their work and worked closely as a team. One told us, "We are like family here, it is a great place to work." Another told us, "There is good team working here, not sterile with a strong focus on supporting people to be as independent as possible. It's the best place I have worked."

There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included daily handover and regular staff meetings. We saw from a review of handover records that staff had been supported with guidance to enable them to meet people's needs and evidence when tasks had been completed which also provided an audit trail for management reference.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

We checked staff understanding of the Act and how this impacted on their assessment and planning to meet people's needs. Care records showed us that people's capacity to make decisions regarding their health, welfare, relationships and finances had been assessed. Where arrangements were in place to appoint a lasting power of attorney this was documented within their care and support plans. Where advocacy support had been organised for example in support of managing people's finances this was well documented. There was a strong emphasis on a 'person centred approach' where care was tailored to meet the needs of individuals. People were fully consulted and involved in decision about how they lived their lives and how support was to be provided. This meant that people's human rights were respected and upheld. For example, staff described to us how they supported one person living with dementia, at risk of absconding which had resulted in their getting lost and disorientated. Staff described how following a best interest assessment they supported this person whilst using the least restrictive options that considered their human rights. For example, technology which alerted staff to attempts to leave their flat unescorted, staff offering to escort, using distraction methods and presenting a choice of meaningful activities according the person's preferences.

Staff understood people's nutritional needs and provided support which was tailored to their nutritional requirements. People were encouraged and supported to develop skills and increase their independence in menu planning, shopping and cooking. We saw that several people had nutritional needs and support plans recorded and staff demonstrated a good understanding of the diets needed to improve their health. People also received appropriate referrals to a dietician where this was needed.

People were supported to access appropriate health care services to maintain their physical and emotional health. People were supported to access a range of health and wellbeing services.
Staff told us and records confirmed that people had access to an annual health check with their GP and they had regular medicine reviews. We observed that staff worked well with health professionals involved in people's care and could describe advice given and this was confirmed in their care records.

One person with a complex health condition and who experienced extreme anxiety and distress at the thought of attending any hospital appointments had become very ill. Staff had worked to gain the person's trust and worked with other professionals from the learning disability nursing team and also a learning disability nurse in Broomfield hospital to develop a plan that would help the person with support to stay in hospital and allow clinical staff to carry out necessary tests and procedures. The results of tests identified a need for urgent surgery. Once recovered the person agreed to be interviewed for a local newspaper where they told journalists, "Two support workers came with me to all my appointments, and when I had my operation my key worker stayed in the hospital overnight with me. I also had a lot of support during my recovery. My support workers slept in the living room of my bungalow which was reassuring because they were only next door. I just want to praise my support workers, I owe them my life." The manager told us, "I think this has been a great success for empowering this person who now has no fear around needles, seeing the doctors and liaising with health professionals."

Good

Is the service caring?

Our findings

People told us the staff had a caring, dignified approach towards them when providing care. One person said "I like all the staff, they are all kind to me and I feel safe with everyone." Another person said [staff name] is my favourite but all the staff are kind. I would go to any one of them if I needed to or if I was worried about anything."

We observed that staff responded positively to people's support needs and had a good understanding of their individual wishes, choice and preferences as to how they lived their lives. We saw that people and staff had a good rapport with one another and people were comfortable in the presence of staff and positive about doing activities with the staff such as gardening, shopping and trips out into the community. One member of staff said, "We focus on people's independence and get them to do things themselves". Another staff said "We help people to prepare a shopping list before they go shopping and we work on encouraging daily living skills such as cooking, cleaning and doing the laundry."

There was a commitment to ensure people were fully involved and consulted in all aspects of their lives. Each person had a personalised communication profile. This gave staff guidance on the best way to promote effective communication so that the person could express their views. For example, communication profiles guided staff to use a range of communication methods according to the individual needs of the person. This included enabling people to express their choice and their views using pictures and symbols. Staff encouraged people to make their own decisions, as far as they were able to, and people told us staff listened to them and what they said. One person commented, "They always ask me if I'm alright, if I am happy to do something. If I'm not happy they listen". We heard staff consulting people about their daily routines and activities and no one was made to do anything they did not want to. Each person had a designated key worker who had particular responsibility for ensuring the person's current needs and preferences were known and acted on. If people wished to have an independent advocate to assist them with any decisions, this was supported.

We saw that staff knocked on people's doors and waited to be invited in before entering. In the supported living flats people could lock their doors if they wanted to.

The provider ran regular events to encourage staff and people across all their supported living schemes to organise and host events highlighting a particular theme each month. For example, September had been organised to highlight quality and diversity month.

Managers described to us how they had recently organised and celebrated along with people who used the service, their relatives and staff activities to highlight and raise awareness of the importance of promoting and protecting people's 'dignity'. Activities included a coffee morning at the scheme where all staff and families were made welcome and together made a dignity pledge. The provider had distributed to staff a dignity charter which staff had signed to agree their commitment to. The promotion of people's dignity was discussed in staff meetings where staff had agreed to the 'do's and don'ts' for ensuring people's rights were upheld with regards to protecting their dignity and promoting their well-being.

Good

Is the service responsive?

Our findings

The support provided by the service was personalised and highly responsive to people's individual needs, which meant that whatever goals people had they were able to progress and achieve as far as they were possible. Staff told us, "The aim is for people to live a meaningful life. To do what they want to do as much as they are able to regardless of their disability."

People's individual needs and preferences had been assessed and implemented in planning their care. People's support plans were person centred and reflected their needs and where appropriate a pictorial support plan was in place to enable them to understand their plan of care more effectively. Support plans reflected the current care and support needs of people with up to date information about their healthcare, personal care support, likes and dislikes. People told us they were involved in reviewing their support plans if they wanted to be.

People contributed to the running of their own household, taking part in covering tasks such as shopping, cleaning and cooking with support from staff when required. The focus of care planning was on promoting the independence of people.

People participated in a wide range of activities to suit their interests which also helped to develop their confidence, fitness and social skills. We saw that each person had their own daily personal care routine and an activity planner for the week. This detailed the person's morning, afternoon and evening activities, with pictures or symbols to aid their understanding where appropriate, and included daily tasks like tidying their room. Staff said people generally liked to stick to their planned routine but they could refuse, or choose a different activity, if they decided they didn't want to do something.

People were provided with a range of suitable activities to encourage social inclusion and develop life skills. Some people had access to paid work or voluntary work activities. People were encouraged and supported to be part of the local community. One person said "I like going to the pub and shopping." Another person said "I enjoy going to work and we go out for meals sometimes." People told us about holiday plans in process, planned to visit places and holiday abroad in countries of their choosing.

The provider organised regular social activities to encourage people across their schemes to get together. For example, dancing and art competitions and also an Olympic games event.
One person told us they were taking part in a 'strictly come dancing competition'. This had clearly brought them a great deal of pleasure at being selected as one of the finalists for the final of the competition.

The provider had an appropriate system in place to manage people's complaints. People told us they could and would have no concerns to approach the managers and staff with any concerns or complaints. One person said, "They sort things out for you." The staff demonstrated a good knowledge of how to respond and deal with concerts and complaints. We saw that scheme manager's maintained records of any complaints received at their service and these were investigated and dealt with to people's satisfaction. Relatives told us of occasions when they had brought concerns to the attention of managers. They told us

these had been dealt with swiftly and appropriately.

Good

Is the service well-led?

Our findings

The registered manager was located at the Bocking supported living scheme. However, they did not have any management oversight of the other schemes. Each scheme had a manager in post. Management oversight of the schemes was provided by a regional manager.

Everyone we spoke with including people who used the service, their relatives and staff expressed a high level of confidence in the leadership and management of the schemes. Managers had a hands on approach and were easily available to provide support and guidance for staff when needed. This included an effective out of hours duty manager system, available to support staff in the event of an emergency.

The provider had well defined aims and objectives for standards of care. Staff and the managers we spoke with knew and understood the vision and values of the organisation. These were embedded into every day practice and assessed at annual performance reviews. One manager told us, "Our approach is to deliver person centered services that are tailored to the needs of each person, rather than a one-size-fits-all approach."

The two scheme managers we met demonstrated an inclusive approach which empowered staff to develop their skills and as teams they shared a strong commitment to ensuring a well-run service. Staff demonstrated a commitment to offering people choice, opportunity and respect and enabling them to achieve their personal goals. We observed managers and staff demonstrating these values consistently during the inspection.

Staff told us that the managers promoted an open culture where people and staff could freely voice concerns about the service. Staff described their managers as, "Hands on and approachable", "Always available when you need them", "Very good, kind and they will always go the extra mile and very supportive" and "This is one of the best places I have worked in. it is a pleasure to come to work."

There were open and effective communication systems in place. Staff had access to regular staff meetings, supervision, performance reviews and daily handover meetings between each shift, to communicate changes and updates regarding people's changing support needs.

The managers gathered people's views as to the quality of the service through regular meetings, one to one reviews and through the use of satisfaction surveys. The provider organised and sent monthly newsletters to people to keep them informed across all the schemes of upcoming events and also report on listening events where people's views and opinions had been sought. We saw that following satisfaction surveys an easy read pictorial report had been produced which highlighted what people had said and the response of the organisation with a description of the action plans to ensure improvement of the service provided to people.

The provider carried out a follow up survey as part of dignity month where they looked at how people had previously felt about the support they were receiving, and whether as a result from this they felt more

confident, and less lonely and isolated. We reviewed the dignity survey feedback report where the provider expressed their surprise to hear that despite having access to on-site support, 41.6% of people still felt lonely and isolated. To address this, they communicated to people across their schemes with a promise to: 'Offer grants to put on activities to bring people together, ensure we tackle loneliness and isolation in our business plans and strategies, revamp our paperwork so reducing isolation is covered in the support planning stage, ensure we have a range of ways we bring people together to formally listen to them, our annual quality consultation event, our annual family consultation event, apply for funding to recruit activity and wellbeing coordinators, devise a dignity charter to ensure the findings of this survey are incorporated into the charter. Following their action taken a follow up survey during dignity month 2017 after the changes proposed had been implemented activities and grants had a positive effect on the overall wellbeing and satisfaction of people. With 99 surveys completed, 92% of people said they had benefitted from the new activities, 95% felt their overall wellbeing had improved as a direct result, 86% felt less lonely and isolated. This showed us that the provider listened to people's views and responded with a plan of action to ensure continuous improvement of the service they provided.

The provider had systems in place to ensure regular quality and safety monitoring of the service. We saw from a review of records and discussions with the staff and managers that there were robust quality assurance systems that looked at all aspects of the schemes and identified areas where improvements could be made. A range of audits included monthly monitoring of medicines management which included the identification of medicines administration errors, quarterly health and safety audit, infection control audits and regular monitoring of the quality of support plans. The systems in place demonstrated that the provider had a commitment to ensuring that the service provided was of a good standard.