

Maison Moti Limited

Moti Willow

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

About the service

Moti Willow is a residential care home providing accommodation and personal care to nine people with mental health needs. The service can support up to 10 people.

People's experience of using this service and what we found

People were supported to lead their own lives within a safe, kind and enabling environment. People's medicines were managed safely and those able to manage their own medicines were supported to do so. There were policies and procedures in place to help protect people from harm and staff had a good knowledge of safeguarding processes.

People's needs were fully assessed, and their support plans regularly reviewed and updated. This included the assessment and management of risks to people's health, safety and wellbeing. People were supported to access a range of health and social care services and input from relevant professionals was included in support plans.

People were supported by caring, friendly staff who knew their needs well. Staff felt supported in their roles and were well trained. There were sufficient numbers of staff to meet people's needs and safe recruitment processes were followed.

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

There were systems in place to monitor the quality and effectiveness of the service being delivered. An improvement plan had been developed from quality assurance checks, audits and feedback received about the service from a variety of sources. The registered manager kept up to date with guidance and, along with the provider, placed a strong emphasis on individual learning and development.

The ethos of the service was promoting recovery, inclusivity and independence. Strong partnerships had been made with local community services and health practitioners to ensure good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Moti Willow

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care worker and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and minutes from recent meetings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes in place were followed appropriately.
- Staff had a good understanding of what to do to make sure people were protected from potential harm. They told us they had received safeguarding training and records confirmed this.
- Staff were confident that action would be taken by the registered manager if they raised any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks were assessed, and risk management plans developed and reviewed regularly. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.
- People were supported with positive risk taking to maintain their independence.
- Assessments had been updated when people's needs changed.

Staffing and recruitment

- People were being supported by staff who had been recruited safely. The required recruitment checks had been carried out prior to employment starting.
- People told us staff were available to provide support when they needed it and there was consistently enough staff on duty. An on-call service ensured staff had access to support and management advice.

Using medicines safely

- When it was considered safe to do so, people were supported to manage their own medicines. People had lockable storage in their room and staff undertook checks to monitor that people had taken the medicines as required.
- Medicines administration records had been fully completed. Where gaps in records had been noted, action had been taken to improve future practice.
- Staff had received training in safe administration of medicines. Their practice had been assessed to ensure they were following the correct procedures.

Preventing and controlling infection

- All areas of the service were clean.
- Staff had received training in infection control processes and were observed following good hygiene practice.

Learning lessons when things go wrong

- All accidents and incidents were recorded and had been reviewed by the registered manager. Actions included changes to people's support plans and referrals to external health and social care professionals where necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed with their key worker. Assessments were comprehensive, with needs and outcomes identified.
- Input from relevant specialists, including the community mental health team and hospital teams were included in assessments.
- Staff demonstrated a good understanding of people's needs and the support they needed.

Staff support: induction, training, skills and experience

- Staff told us they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training that staff had completed and when refresher courses were due.
- New staff followed an induction programme with a probationary period.
- Staff received informal support as well as formal one to one supervision sessions regularly throughout the year. They received a bi-annual appraisal of their performance and had observational checks of their practice.
- Staff told us they received good support.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed their meals and were supported in choosing a menu, and in some cases helping to prepare meals. Where people were not able to plan and prepare their own meals, a cook did this for them.
- We saw varied and nutritious meals planned on the menu, with choice available for people's preferences.
- People helped themselves to drinks from the kitchenette throughout the day. Staff and people were able to eat together in the dining area.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with local health services to ensure people received the support they needed. Examples included their GP, dentist and local mental health team.
- Staff had recorded the outcome of appointments in people's records, including any advice or guidance provided. These were discussed with people during regular key working sessions to ensure people understood the outcome of appointments.

Adapting service, design, decoration to meet people's needs

- The service had undergone a full refurbishment in the past 18 months.
- Moti Willow was modern, yet homely and communal areas were well used including the large rear garden and smoking area.
- People were able to personalise their rooms and furnish them to their own tastes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had received training in the MCA and demonstrated a good understanding of its principles.
- We saw staff respected people's rights and gained people's consent before providing any support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were able to lead their own lives within a safe, kind and enabling environment.
- We observed staff interacting with people in a friendly and respectful way. Staff responded to requests for support.
- People were being supported by staff who knew them well. Staff were aware of people's different needs and responded to them in an individual way.
- People's diverse needs were reflected in their support plans.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be involved in their care.
- There were regular individual meetings with staff, where people expressed their views. This information was used to develop individual support plans.
- People had information about other support services available to them. The communal notice boards were full of information, including local mental health services, details regarding support groups in the area and physical health promotion. In addition, there was information about how people could contact the provider organisation.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff gained consent and permission from people before entering their room or managing any task, such as administering medicines.
- People's personal records and information was securely stored, and staff were careful to ensure sensitive information was discussed discreetly.
- People were supported to be as independent as possible. Staff told us that people were supported to make choices about how they spent their time and were supported to engage in activities to develop their independent living skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were person centred and included areas such as preferred daily routines and the support they needed.
- Plans contained details of people's life histories which enabled staff to have a deeper understanding of their needs.
- Support plans were regularly reviewed. People had full involvement in the planning, creation and review of their support plans. This included the setting of goals people were working to achieve to move forward with their lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the Accessible Information Standard. Staff communicated with people in ways they could fully understand.
- Staff had identified people's communication needs and included these in people's support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships which were important to them.
- Staff told us there were activities and things to do if people wanted to be involved. However, there was no pressure to join in.
- Activities included support to take part in therapy, community groups and local events.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place which was available for people and their relatives. The system in place ensured that all complaints were recorded and responded to promptly.
- People could make suggestions via a post box in the communal hallway or raise any concerns in service meetings. Records demonstrated issues were discussed with people and action taken to resolve them.
- There was guidance on the notice board for people and a poster detailing how to make a complaint.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The ethos of the service was promoting recovery, inclusivity and independence. This was evidenced through the content of staff meetings, supervision, appraisals and the training staff received.
- Staff were proud of the care they provided which they believed led to good outcomes for people they supported.
- Staff told us the provider and registered manager empowered them in their work to ensure people received the best support to aid their mental health recovery.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The service created an improvement plan, based on feedback from people, relatives and staff and the outcome of audits and quality assurance checks.
- The registered manager told us they were 'always learning'. They kept up to date with good practice and there was a strong emphasis on individual learning from the provider.
- The registered manager was fully aware of their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they were well supported and praised the registered manager. They told us the service was well run.
- There was a staff structure in place which was supportive. Staff were key workers for people which enabled relationships.
- The provider had a range of systems in place to monitor and measure the service provided. These included regular audits and quality assurance checks.
- The results of the various quality assurance checks were used to plan improvements to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives, health professionals and staff were asked for regular feedback.
- Meetings minutes showed that people's ideas and preferences were voiced and recorded, and that staff were encouraged to share their views.

- People were supported to be active members of their community and participate in local events.
- The service worked closely with their health and social care colleagues. Good working relationships existed with the local mental health teams, GP's and community services. Feedback received from these services was positive.