

East Living Limited

117-119 Molland Lane

Inspection report

117-119 Mollands Lane
South Ockendon
Essex
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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 

Overall summary

This inspection took place on 28 October 2015.

117-119 Mollands Lane is registered to provide accommodation with personal care for six people who have a learning disability. There were five people living at the service on the day of our inspection.

A registered manager was 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.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the service.

Summary of findings

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and staff were friendly and caring. People were supported to participate in social activities including community based events.

Staff used their training effectively to support people. The registered manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and

the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

Care records were regularly reviewed and showed that the person had been involved in the planning of their care. They included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People confirmed that they received the care they required.

The service was well led; people knew the registered manager and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report abuse. There were systems in place to manage risk for the safety of people living and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs safely.

People's medicines were safely managed and people received their medicines as they should.

Good



Is the service effective?

The service was effective.

People were supported appropriately in regards to their ability to make decisions. Staff sought people's consent before providing all aspects of care and support.

Staff received training and supervision suitable for their role.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet.

People were supported to access appropriate services for their on-going healthcare needs.

Good



Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff knew people well and what their preferred routines were.

People's privacy, dignity and independence were respected, as was their right to make decisions and choices.

Good



Is the service responsive?

The service was responsive.

People's care was planned so that staff had guidance to follow to provide people with consistent person centred care.

People were supported to follow interests and activities they enjoyed.

The service had appropriate arrangements in place to deal with comments and complaints.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to deliver a good standard of care to people. The atmosphere at the service was open and inclusive.

There were systems in place to monitor and continually improve the service.

Good



117-119 Molland 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 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 was undertaken by one inspector on 28 October 2015.

Before the inspection, we looked at information that we had received about the service. This included information

we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with five people. We also spoke with the registered manager and four staff working in the service.

We looked at two people's care and medicines records. We looked at records relating to two staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People confirmed they felt safe living in the service. We saw that people were confident in approaching and interacting with staff and in moving around the service. The provider had a theme each month to raise awareness and encourage improvement. These included, for example, Dignity and Keeping People Safe. People's views had been sought by their keyworkers as part of this approach. Comments included "Staff always listen to what I have to say," and "If anything upsets me I feel I can talk to the staff".

People had access to information on the way they could expect to be treated and who to speak with if they felt concerned for themselves or others. Clear large print information posters were displayed in communal areas where people would see them. A DVD in a user friendly format and titled 'Abuse is Bad', supported by an easy read booklet, was displayed and easily available to people. The registered manager told us they had watched this video with all people using the service. Staff had attended training in safeguarding people. The registered manager and staff were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe.

People's individual risks were assessed and actions were planned to limit their impact without restricting people unnecessarily. People's care plans included information about risks individual to them and a care plan was in place to help staff to manage these safely. Staff were aware of people's individual risks and how to help people in a safe way. Equipment used to support people was serviced to ensure it was in safe working order. The registered manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included relating to fire safety, the environment and dealing with emergencies. Processes were in place to keep people safe in emergency situations. These included individual emergency evacuation plans. Staff were aware of emergency plans and how to respond to emergency situations.

People were protected by the provider's staff recruitment process. The registered manager told us that no new staff had been recruited to the service for some years. Staff told us that references, criminal record and identification checks had been completed before they were able to start working in the service and they had had a detailed interview to show their suitability for the role. This was confirmed in the staff records we reviewed. It showed that care and attention went into recruiting people with the right skills and abilities to care for people in the service.

People were supported by sufficient numbers of staff to meet their needs safely. The registered manager told us how they had assessed staffing levels to make sure there were enough to support people and in a flexible way that met their individual needs. The number of staff hours identified as required for each person was recorded in their care plan. The registered manager told us they planned to include a written explanation of how this outcome was achieved. Staff reported that there were sufficient staff to enable them to meet people's needs appropriately. They told us that they were a small, close team and provided staff cover for each other's days off and other leave to ensure that people had the support they needed. We saw many examples throughout the day of staff spending quality time with people as well as completing the necessary care tasks.

People received their medicines in a timely and safe manner. People confirmed that staff brought their medicines to them at the correct times. We observed that staff dispensed people's medicines safely. The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. Medication administration records were consistently completed and tallied with the medicines available. Prescribed creams were recorded as administered. The service had procedures in place for receiving and returning medication safely when no longer required. Assessments of staff competence to administer medicines safely were completed. Monthly medication audits were carried out to ensure safe management of medicines.

Is the service effective?

Our findings

People were supported by staff who were well trained and provided with opportunities for guidance and development. Staff told us that when they started working in the service they received a thorough induction training to enable them to meet people's needs well. One staff member described their induction as "Excellent, as I had never done this type of work before and I learnt so much from it and it made me so much more aware."

Staff told us they attended a range of training courses and updates such as moving and handling, fire safety and food hygiene. Staff confirmed they received the training they needed to enable them to provide safe, quality care to people. They also told us that they felt well supported and received regular formal supervision and appraisal with their manager. Records provided by the registered manager confirmed this and showed that these were used to support staff to set personal goals for skills development.

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. A staff member said, "It could be just a bad time to ask a person, so we leave it and ask later. Just because a decision seems a wrong decision to me, like which jacket to wear, people should keep the right to decide." We saw assessments of people's capacity in their care records. Staff knew to check that people were consenting to their care needs during all interactions. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. Staff told us that people participated in planning the weekly menu. People confirmed this and told us they enjoyed the food provided at the service. Systems were in place to safely support people to make their own hot drinks and to be involved in preparation of snacks and meals. People's dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. Staff told us about people's favourite foods and these were recorded in people's care records. Pictorial cards used to help people to make choices. There was a good availability of drinks and bowls of fruit were readily available. People were encouraged to drink to ensure they remained appropriately hydrated.

People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. This included as the need for thickener in drinks or for pureed food. People's weight and nutritional intake was monitored in line with their assessed level of risk and referral made to the GP and dietician as needed. Staff recorded in the care records what had been consumed by individual people identified as at risk so this could be monitored. This meant people were supported to eat and drink well and maintain a balanced diet in line with their personal preferences and needs.

People's care records demonstrated that staff sought advice and support for people from relevant professionals. Each person had a 'hospital passport' as part of their care records. This provided important information about the individual person's needs, abilities and preferences. People's care records showed that their healthcare needs, appointments and outcomes were clearly recorded and included in care records to ensure staff had clear information on meeting people's needs.

Is the service caring?

Our findings

People received care and support which was individualised and person centred. People confirmed that staff were caring and kind. All the interactions observed between staff and people were positive. Staff engaged people in social conversations and listened to what people had to say.

Staff clearly knew people's likes and dislikes and people and staff chatted easily together in an appropriately familiar way. Staff had worked with people living in the service for a number of years which enabled confident relationships to develop. Staff supported people to maintain and develop relationships, for example providing support for a person and their elderly relative to meet for meal in a restaurant and supporting people with personal relationships. The service had provided a mobile phone for people to use so that they could continue to speak with relatives who were no longer so able to visit.

People were involved in planning and reviewing their care and some people had signed their records to confirm this. People had been asked what name they liked to be called and we noted that staff respected this. All the people living in the service attended a coffee morning each month which was linked to a local advocacy service. This provided them with opportunity to access support and advice on decision making should they need this.

Staff knew people's interests such as favourite television programmes or social activities and used these in

conversation with people. They shared jokes and laughed together. People were encouraged to make choices and have new experiences and staff provided support decisions to enhance people's quality of life. People told us or confirmed that they had chosen the colour schemes and themes for décor in their own bedrooms.

People were supported to maintain skills and independence. A staff member said, "I want them, to feel proud of themselves by doing things like making their own drinks and snacks."

Staff reassured people that they could complete tasks for themselves and encouraged people, for example, to make their own hot drinks. Staff advised that some people had a front door key to the service as this was their home.

Staff treated people with dignity and respect. We saw staff were respectful in their interactions with people. Staff told us that people's right to private time was respected. Each person had a key so could lock their bedroom when they left it to keep their personal space private. We saw that staff knocked on people's bedroom doors and asked people for their agreement for us to view their bedrooms. Staff explained that they made sure to raise their voices when asking people for consent to enter their bedroom as some people were a little bit hard of hearing. People's records were securely stored to ensure confidentiality and respect their right to privacy.

Is the service responsive?

Our findings

Staff assisted people with their care and support and were responsive to their needs. Staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to their needs. A staff member told us, “We know people had a horrible life in the old hospital so we want them to enjoy life now. There are no limits, if they want it and it is safe we will make it happen.”

Each person had a care plan in place showing the support they required and these were reviewed

so that staff had clear guidance on how best to meet people’s current needs. Care plans were written in a person centred way and clarified how people needed to be supported while being empowered to maintain skills and independence. Staff were aware of people’s individual needs and responded to this in an individual way. Staff were able to explain, for example, that one person needed a thickener added to drinks. They were also aware, and ensured that another person needed to have caffeine free teabags so as to support them to be calmer and to sleep better at night. This was documented in the person’s care plan.

Staff told us that another person’s abilities fluctuated now from day to day and so they needed more support some days than others, particularly with food and fluid intake. One person’s daily routines record showed their preference for a cup of tea immediately on waking. Records of the support provided showed that this had been provided. Staff told us they discussed with the registered manager as to whether a person would be more comfortable in a double bed in line with their changing needs. Staff told us this was agreed and ordered immediately so as to ensure the person’s comfort. On the day of the inspection one

person told staff that they did not wish to go on their planned outing as they felt tired. The person was supported to rest and the plan, including staffing allocation, was amended to support the person to continue with their planned appointment for the afternoon.

People enjoyed meaningful activities, trips out and holidays of their choosing. It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interests in. Staff told us that there were enough staff to support people to participate in activities and staff worked flexibly to accommodate this. One person had said they would like a holiday on a boat. Photographs confirmed this had been arranged and another person had also enjoyed a cruise holiday. Another person had shorter overnight trips to the theatre and a stay in hotel. Staff advised the person coped with and enjoyed this better than longer trips away and it responded to their individual need while ensuring they had leisure activities they enjoyed. The service had arranged one room as a painting studio for another person who told us they really enjoyed being in the room painting and looking out at the birds in the garden.

The provider had a complaints policy and procedure in place. Leaflets and a DVD with information on how to make comments and complaints were readily available in an easy read format for people living in the service. The registered manager told us that no formal complaints had been received since the last inspection so we were unable to judge the complaint procedure’s effectiveness. Some comments had been recorded by staff on people’s behalf. One related to a person’s increasing difficulty in using the current bath as it did not fully support their increasing needs. The registered manager confirmed that the issue had been escalated in line with the provider’s reporting system for refurbishment and a plan was in place to ensure it was resolved.

Is the service well-led?

Our findings

The service had a registered manager in post who also managed another service locally. The registered manager demonstrated that they were aware of all aspects of this service and knew the people who lived there, and the staff supporting them, well. The registered manager had systems in place to ensure staff had the information they needed to provide a good service. We saw, for example, that all staff had signed to confirm they had read each person's plan of care and risk management plans after each full review. They had also signed relevant policies and procedures. Records and documents relating to the running of the service and the care people received were clear and well organised.

There was an open and inclusive approach in the service. Staff told us that the registered manager was always available and listened to them and to people living in the service. Minutes of the recent staff meeting showed that the registered manager had discussed cleanliness in the service. As a result of input by all staff, the cleaning products supplied were being changed. A new cleaning schedule was being drawn up to ensure improvement to the environment people lived and worked in. The registered manager told us of their involvement with wider initiatives such as the Friends and Neighbourhood Scheme and other local community activities such as local social clubs and friendship groups.

Staff told us they felt well supported and appreciated and that they had all worked at the service for a number of years. One person told us how the registered manager supported them to improve their skills and knowledge such as assisting them to gain funding to complete nationally

recognised training and qualifications in care. The provider had systems in place to support and reward staff such as a free counselling service and a bonus scheme for staff who had a good sickness record.

Arrangements were in place to listen to people's views. People living at 117-119 Mollands Lane attended meetings and were able to contribute to improvements in the service. This had included discussions about improvements to the décor and furnishings. We could see how people had been supported to choose the new stair carpets and furniture in communal rooms. However, the need to provide more suitable bathing equipment had not yet been actioned. People using the service and other stakeholders had completed annual quality satisfaction questionnaires that were provided in a suitable format to meet people's individual needs. The analysis of the information received was positive. A relative commented, "Provides individually tailored support to meet the particular needs and wishes of the client."

Systems were in place to complete regular audits in the service over a range of areas and to put actions in place to address issues raised. Audits had identified that the bath and the toilets in the service needed to be refurbished to provide more suitable equipment and a more pleasant environment for people. The provider had an ongoing system of action planning to improve the service. Their 'Continuous Improvement Plan' demonstrated that the above works, while having been carried over from a previous planned timescale, were now planned to be completed in the first quarter of next year. We saw that other actions identified had been completed such as a ramp to allow access to the garden and the refurbishment of the shower room to meet people's needs.