

Mary Jones Court

# Mary Jones Court

## 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 

### Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This inspection was unannounced.

The service provides care and support to people living in their own flats. Mary Jones Court consists of 20

self-contained flats. Three people living at Mary Jones Court received support with personal care from staff. The service specialises in providing care to people who have learning disabilities.

The last inspection was carried out in May 2014 and at this time all areas we reviewed were met.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

# Summary of findings

Staff had a good understanding of how to identify abuse, and knew how to respond appropriately to any concerns to keep people safe. Staff at Mary Jones Court were meeting the requirements of the Mental Capacity Act (MCA) 2005.

Recruitment procedures were in place to ensure that only people who were deemed suitable worked within the service. There was an induction programme for new staff which prepared them for their role. Staff were provided with a range of training to help them to carry out their roles effectively. They received regular supervision meetings with their manager and had annual appraisals to support them to meet people's needs. There were enough staff employed by the service to meet people's needs.

People had care plans in place which reflected their assessed needs. People were supported effectively with their health needs and were involved in making decisions about what kind of support they wanted.

Staff treated people with kindness and compassion and cared for them according to their individual needs. Staff had a good understanding of people's needs and preferences and we saw positive interactions between staff and people living at Mary Jones Court on the day of our inspection. People were encouraged to be involved in the running of the organisation and incentives were provided to encourage this.

People using the service, relatives and staff were encouraged to give feedback on the service. They knew how to make complaints and there was an effective complaints management system in place.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where shortfalls were identified action plans were put in place to rectify these.

# 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 had a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. People living at Mary Jones Court told us they felt safe living there.

We found that Mary Jones Court was meeting the requirements of the Mental Capacity Act 2005. Staff were able to explain what they would do if they suspected that any of the people living at Mary Jones Court lacked capacity.

People's support plans and risk assessments gave a full and current description of their care needs which staff had access to. Where risks had been identified, guidance ensured risks were minimised.

There were enough staff to meet people needs who had been recruited safely.

Good



### Is the service effective?

The service was effective. People were supported by staff who had appropriate skills and had received the training required to perform their roles.

Staff received regular supervision and annual appraisals of their performance to carry out their role.

People were encouraged to eat a healthy and balanced diet. Each person had a health action plan and people had regular visits to the GP and dentist.

Good



### Is the service caring?

The service was caring. People living at Mary Jones Court said they were happy with the care provided and said they had good relationships with staff.

Staff demonstrated they had a good understanding of the people they were supporting.

People told us they were able to make choices about their care and were treated with respect. Staff worked with advocacy services to support people where required.

Good



### Is the service responsive?

The service was responsive. Staff supported people to express their views and be involved in making decisions about the care they received.

People's needs were assessed before they began using the service and care was planned in response to their needs.

The service had a complaints policy which outlined how complaints were to be dealt with. Staff discussed any complaints or concerns at their team meeting to identify lessons learned.

Good



### Is the service well-led?

The service was well led. Staff had an understanding of the vision of the service and their purpose in working for the organisation.

Staff confirmed that they maintained a good relationship with the manager and felt comfortable raising concerns with her.

Good



# Summary of findings

The service learned from accidents, incidents and other concerns and learning from these was discussed in team meetings.

The manager carried out audits to monitor the quality of the service provided. The provider worked with other organisations to ensure that best practice guidance was followed.

# Mary Jones Court

## Detailed findings

### Background to this inspection

We visited Mary Jones Court on 7 July 2014. The inspection team consisted of a single inspector.

Before our inspection, we reviewed information we held about Mary Jones Court. This included notifications which had been received from the service and the previous inspection report. We also reviewed information we were sent from the service in the form of a Provider Information Return (PIR). 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 also spoke with a commissioner for the service and a local authority social worker.

On the day of our inspection, we met with two people who lived at Mary Jones Court. We spoke with one relative, the manager and three other members of the staff team. We

spent time observing the support provided to people. We also spent time looking at records, which included people's care records and records relating to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People living at Mary Jones Court told us they felt safe living there. One person said “I feel safe here” and another person commented, “This is my home, it’s safe for me.” The service had a safeguarding adults policy and procedure in place. Commissioners confirmed that they did not have any concerns about people living at Mary Jones Court. Staff told us they received training in safeguarding adults as part of their induction as well as annual refresher training. Staff had a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place including who to report the matter to. Staff also said they would use the homes whistleblowing procedure if they felt their concerns had not been taken seriously. Whistleblowing is when a worker reports suspected wrongdoing at work to relevant external bodies for further action. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

We found that Mary Jones Court was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff were able to explain what they would do if they suspected that any of the people living at Mary Jones Court lacked capacity. None of the people currently living at the service lacked capacity to make decisions.

We looked at two people’s support plans and risk assessments. Risk assessments had been completed for areas such as self-neglect, fire safety and road safety. The information in these documents was up to date and regularly reviewed. This meant staff had access to current information about the people they supported. Where risks had been identified, guidance ensured risks were minimised. Staff told us they would review risk assessments as part of their monthly review process or if people’s needs had changed. They spoke knowledgeably about the risks to people and the actions which had been taken in the past and on an ongoing basis to minimise these. Staff gave one example where a person had been participating in a recreational activity which over time had presented a health and safety risk to them. Staff explained

the importance of balancing people’s right to make their own decisions with any associated risks. We spoke with the person and they confirmed that after discussions they had made the decision to discontinue the activity and explore other options for their free time.

Staff received training as part of their induction about what to do in the event of an accident, incident or medical emergency. We were told that a senior member of staff was on call 24 hours a day to advise and support staff in the event of an emergency. Staff spoke in detail about what they considered to be the biggest risk to individual people living at Mary Jones Court and we noted they all gave consistent answers about how they would deal with these risks.

People using the service, staff and the relative we spoke with told us the staffing levels met the needs of the people using the service. Staff and managers confirmed there was a low turnover of staff, with some staff having worked with the same people for many years. They told us that agency staff were never used, as the service had a reliable pool of bank workers who they could call at short notice to cover, for example, staff sickness. This meant that people using the service were always assisted by people who knew their needs and preferences.

We spoke with the manager about how they assessed staffing levels. They explained that social services conducted an annual review of the number of support hours which were required. The manager explained that they reviewed the amount of hours paid for and if insufficient would discuss and renegotiate this. The manager confirmed that to date the number of support hours were sufficient and other staff we spoke with confirmed that they agreed with this.

We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which was required to recruit people safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

# Is the service effective?

## Our findings

Staff told us they had received training in a module which looked at delivering person centred care. They told us the module focussed on how to deliver individualised care which was tailored to suit people's unique needs. Staff said that people's choices, preferences and perspectives governed the work they did. For example, a member of staff told us that people using the service were involved in delivering training to staff in order to give "the customer perspective". Staff told us this made the training very useful because they were able to ask people using the service for practical advice and guidance about how they should work with them to deliver an effective service.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. The manager told us each staff member completed a range of training as part of their induction as well as ongoing training. Records showed that this included a period of shadowing more experienced staff. Staff we spoke with confirmed this.

The manager told us that each year as part of their performance appraisal staff were invited to select other training modules which would be useful to their role. Staff confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. A relative told us they found staff to have the necessary skills and knowledge to care for their family members. They said, "As far as I can see the staff seem to know what they're doing."

Staff told us they felt well supported and received regular supervision and annual appraisals of their competence to carry out their role. We looked at staff files and saw records to indicate that staff supervisions took place every four weeks and annual appraisals were also conducted.

People were encouraged to eat a healthy and balanced diet. People's records included information about their dietary requirements and appropriate advice had been obtained from their GP where required. Staff told us they helped people to go shopping and cook their meals and provided them with guidance about what was suitable to meet their dietary needs. Staff said they encouraged people to be active in ways they enjoyed. We were given an example of how one person was encouraged to be active. Their relative confirmed they had been encouraged to be active and we were told by staff they had lost weight and were living a healthier lifestyle as a result. The person told us they enjoyed the activities they were participating in and they were fitter as a result.

Each person had a health action plan (HAP) which was available in an easy read format to support people's understanding of the document. An HAP holds information about an individual's health needs, the professionals who are involved to support those needs and hospital and other relevant appointments. People had regular visits to the GP and dentist. We saw from records, and staff confirmed, that written information was obtained from each appointment to ensure the service communicated effectively with the practitioner. Each health appointment was recorded including the reasons for the visit, what happened at the appointment, and what should happen next. Action had been taken in accordance with the guidance given from the practitioner. For example, we saw records about actions that had been taken in relation to a suspected new condition for one person. The person's health needs were understood by the staff who were able to consistently explain what they had done to investigate this person's possible new condition.

# Is the service caring?

## Our findings

People told us they were happy with the care provided and said they had good relationships with staff. One person told us “Staff are caring. They spend time with me” and another person commented, “Staff are caring and nice”. We also spoke with a relative who confirmed, “Staff are caring and my [relative] seems to like them.”

Our observations and discussions with staff showed they had a good knowledge and understanding of the people they were supporting. Throughout the inspection we observed that people received one to one attention from staff who demonstrated their concern for and interest in them. We heard staff having discussions with people about various topics and giving practical advice.

Staff were able to give us detailed examples of people’s likes and dislikes and demonstrated that they knew them well. We were given examples of the types of food people liked to eat, what activities they enjoyed as well as their daily habits and we saw that this information was also reflected in people’s care plans. The information we were given by different members of staff was consistent and confirmed by the people living at Mary Jones Court. People told us their needs were being met. One person said “Staff know how I like things done. They listen to me.

People told us they were able to make choices about their care and were treated with respect. The people we spoke with told us that they made all the decisions affecting their lives and staff encouraged them to pursue activities and live independently. One person said, “I do what I want, but they help me if I ask them to.” The manager told us that people chose their own key workers depending on who

they worked with and liked best. Staff told us that people made their own choices and lived their lives how they wanted. One staff member told us “We encourage and support them, but they make their own decisions.”

People were encouraged to be active and involved in the running of the service for example through assisting with staff training. We were given examples of how individual members of staff did this. For example, the service gave “time credits” to people who contributed their time to the service. This was usually in the form of vouchers for classes or cinema tickets. We were given examples of when people had taken advantage of this scheme and what they had received in return. The people we spoke with confirmed this scheme was taking place and confirmed that it appealed to them.

We looked at two care plans and both had been completed with the people who used the service. They provided detailed information about how the person’s needs and preferences should be met by staff. Care records showed how staff worked closely with the people they cared for ensuring they met their aims and aspirations. The records included an action plan with goals for their future.

Staff were able to explain how they promoted people’s privacy and dignity. For example, they said they made sure doors were closed when providing support with personal care and we observed staff knocking on people’s doors before entering their flats. People using the service confirmed their privacy was respected. Care records demonstrated that people’s cultural and religious requirements were considered when first entering the service.



# Is the service responsive?

## Our findings

People's needs were assessed before they began using the service and care was planned in response to these.

Assessments included general health, risks to oneself and others as well as matters such as road and fire safety. We looked at two care records and saw that these included a support plan which was written from the perspective of the person and was signed by them. These included detailed information about people's habits, likes and dislikes as well as specific instructions for how people wanted their care delivered and goals for the future.

We saw that each person had a number of ongoing regular assessments to check if their needs had changed. These included an assessment of the environmental risks within the person's flat as well as specific risks that the individual was facing. We saw that people had signed their risk assessments. Both care plans and risk assessments had been updated at least every six months.

A relative we spoke with confirmed they had been involved in the assessment process and kept up to date about any changes in the needs of their family member. People confirmed that their needs were responded to on a daily basis. Comments included "Staff come straight away to help me with what I want" and "They help me with everything".

Staff supported people to express their views and be involved in making decisions about the care they received. People were given information when first joining the service. This information included details about how to make a complaint and specific details about the service

provided. This information was available in an easy read format. The manager told us that if there was information which was not currently available in this format, they could arrange for this to be provided.

People had access to activities they enjoyed. We were told by people living at Mary Jones court that they had participated in a range of activities from wood carving, pottery, painting, exercising and various days out. Staff encouraged people to participate in activities they enjoyed by sometimes participating with them, for example, in cooking sessions. Staff explained how they worked to prevent social isolation by encouraging people to participate in activities they enjoyed and where they were concerned they sought the assistance of an advocate. The relative we spoke with confirmed this.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People had been provided with the complaints procedure in an easy read format and the people we spoke with confirmed they had never had any complaints. The relative we spoke with told us they were confident that if they raised a complaint it would be dealt with appropriately. They told us, "I complained about something once a long time ago and it was dealt with straight away." We were told by the manager that they learned from concerns and complaints by discussing any issues within the team meeting. They told us this was a permanent item on their meeting agenda and we saw from minutes of meetings that this was the case. Staff members we spoke with also gave examples of the types of discussions held and confirmed they found the discussions useful.

# Is the service well-led?

## Our findings

Staff members gave a consistent view about their vision of the service and their purpose in working for the organisation. The manager told us “We are here for them [the people using the service]. We are here to encourage and support them to live as happily as they can.” Another staff member told us, “This is their home and we are here to assist them with what they need.” Staff confirmed that the provider’s vision for the organisation was covered in their induction when they started working at the organisation and this was also something that was reinforced in team meetings and in general discussions with their manager.

Staff confirmed that they maintained a good relationship with their manager and felt comfortable raising concerns with them. One staff member said “She is very good. She fights for us” and another member of staff said “She’s one of the workers. She is always available for us if we have any issues.” The manager confirmed that she was available to speak with people using the service or staff at any time to discuss any concerns, but had also designated a weekly timeslot solely for the purpose of speaking with people who wanted to discuss something with her.

The service had a whistle blowing policy in place which staff confirmed they knew about. All the staff spoken with said they were confident that the manager would deal with any concerns they had and told us they felt able to raise any issues at their team meetings. We read team meeting minutes and these confirmed that staff members contributed to discussions being held.

Records were kept of accidents and incidents, and each form was reviewed by the manager to identify what had occurred, and what could be done to prevent a reoccurrence. Records included further actions which were

to be conducted following an incident and the manager and other staff confirmed that learning points from incidents were discussed in staff meetings. All forms were thereafter sent to the organisation’s head office where a specialist team would review the incident to determine whether any further actions needed to be taken or whether there were any patterns or trends in incident types within the service.

We were told by management and staff that safeguarding concerns and other complaints were dealt with in a similar way. All concerns were discussed within the service’s team meetings as soon as senior staff at the service had devised an action plan. Thereafter, the organisation’s head office would oversee action plans and monitor incidents for trends.

The organisation had systems in place to monitor the quality of the service. Numerous audits were undertaken on a monthly basis. These included financial and environmental audits. People’s involvement in the formulation of their care plans was also monitored as well as the quality of record keeping. Staff also conducted an annual survey from people using the service. The completed forms were sent directly to the organisation’s head office for review. The last survey had been conducted in June 2014 and at the time of our inspection the results were pending. Where any concerns were identified appropriate action was taken to address any shortfalls and improve the service.

The provider worked with other organisations to ensure that the service followed best practice. The manager told us that they were a member of the local safeguarding committee and they used the knowledge gleaned there to help develop their staff’s understanding of safeguarding issues.