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? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection took place on 03 April 2017 and was unannounced. When we last inspected Moti Willow on 27 January 2016 and 08 February 2016 we found that the service required improvements in some areas such as risk management, staffs knowledge about the signs and symptoms in case people had a relapse in their mental health conditions and governance systems. At this inspection we found that improvements had been made. However some of the governance systems were still being developed and further improvements were needed to ensure people`s care plans were a true reflection of the care and support people needed and received.

Moti Willow is registered to provide accommodation and personal care for up to seven people with Mental Health needs. At the time of our inspection six people were living at the home.

There was a registered manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People told us they felt safe at the home and they appreciated the support they received from staff which met their needs. People received support from staff who had been appropriately trained and were knowledgeable in how to protect people from abuse. Staff knew how to report concerns and were able to tell us when they would report under the whistleblowing policy to the local safeguarding authority or the CQC.

People, if they were able to independently organised their leisure activities, where people were not able to staff helped people do the activities they liked. People were also visited by a `service user empowerment team` employed by the provider to support people who lacked motivation to engage in any social activities on a one to one basis.

Risks associated with daily activities and people`s mental health needs were well known by staff who were able to effectively support people and mitigate risks. However care records needed further development to evidence all the risks identified and the care and support people needed. This had been identified by the registered manager and the provider and there were plans in place to address this issue.

People were involved in review meetings with their key worker where they discussed different aspects of their care needs. The care plans contained personal information about people, medical history and appointments, care reviews and incident reports. People, if they were able to signed their care plans and reviews to show they agreed with the care and support they received.

There were sufficient staff to meet people`s needs at all times. The registered manager was recruiting to build a permanent staff group, however the agency staff used to cover the available staffing hours worked at

the home on a regular basis and had a very good understanding of people`s needs.

Recruitment processes were thorough and helped to ensure staff employed were of good character and fit to support people with complex mental health issues. Permanent and agency staff working at the home received an induction and on-going training and had regular supervision with the registered manager.

Accidents and incidents were recorded and information was sent to the provider`s head office as well. The registered manager told us they investigated incidents or accidents and they looked for trends or patterns.

People were supported to have their medicines safely by appropriately trained staff who`s competency to administer people`s medicines was regularly checked.

People were supported to cook their own food and they were encouraged to eat a varied and nutritious diet and to drink sufficient amounts to maintain their health. People were able to access health care professionals, such as GPs as and when required, staff supported people to attend hospital appointments when needed.

People had access to the complaint procedure and this was explained to them in the regular meetings they had. People were confident that if they had to raise any issues staff would be receptive to their concerns.

People`s dignity and privacy was respected; people had keys to their bedrooms and staff were seen knocking and giving people time to respond and invite them in before they entered people`s personal space.

There were several audits carried out by the registered manager and the provider. They looked at areas such as infection control, health and safety, medicines management, supervisions, care reviews, activities and others. There was a service improvement plan in place to address all the areas the audits highlighted as needing improvement. When completed these were signed off, however the provider periodically re-visited all the areas of the service delivery, to help ensure a good quality standard was maintained across the service.

There were six monthly surveys sent out to people, relatives, staff and health and social care professionals by the provider to help monitor the quality of the service 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.

Risks associated with daily activities and people`s mental health needs were well known to staff who knew how to manage and mitigate these.

Accidents and incidents were reviewed by the registered manager; they also sent the information to the provider. These were shared with staff and lessons were learned to help prevent reoccurrence.

People were supported by staff who were employed through robust employment procedures which helped to ensure they were of good character to support people.

People had their medicines administered by trained staff who had their competencies checked regularly.

### Is the service effective?

Good

The service was effective.

People were asked to consent to different aspects of their care and staff ensured they gained consent from people before delivering any support.

People were encouraged to be involved in cooking their own food and the menu always contained a vegetarian option.

Staff received training relevant to their roles to help give them the skills required to meet people's needs effectively.

People were supported to see health care professionals regularly.

### Is the service caring?

Good

The service was caring.

People were involved in regular reviews about their support needs.

People were encouraged to be independent by staff who knew how to engage with people and get them interested in managing their own affairs.

People were positive about the care and support provided by the staff team.

People were treated with respect and kindness, their privacy and dignity was promoted by staff.

The registered manager contacted independent advocacy services to help ensure that people had an independent advocate to act in their best interests where needed.

## Is the service responsive?

Good

The service was responsive.

People received support when and how they needed staff to support them.

People were encouraged to pursue hobbies and interests and they accessed the community independently when they wanted.

There was a complaints procedure in place and displayed visibly for easy access for people.

## Is the service well-led?

Requires Improvement

The service was well- led.

People`s care records needed further development to consistently document how staff should support people's identified or changing needs.

Risks associated with people`s mental health and daily activities were not always recorded.

Staff followed the principles of the Mental Capacity Act (MCA); mental capacity assessments were currently carried out by the registered manager.

The registered manager and the provider identified all the issues we found prior to this inspection and they had a service improvement plan in place to ensure the shortfalls would be addressed.

People, relatives and staff were complimentary about the registered manager and felt confident to approach them when

they needed.

The registered manager and the provider carried out regular audits to review and monitor the quality of service provided.

# Moti Willow

**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 unannounced and took place on 03 April 2017. It was carried out by two inspectors. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who lived at the home, two staff members, the registered manager and the provider. We also reviewed the latest contract monitoring report completed by commissioners from the local authority.

We looked at two care plans, three employment files and a range of other relevant documents relating to how the service operated. We observed staff interaction with people who used the service to see if people were treated in a kind, caring and compassionate way.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at Moti Willow. One person told us, "I like it here and I feel safe." Another person said, "I feel safe here and I trust staff."

Risks associated with people`s daily activities were well known by staff. Staff were able to identify and put measures in place to mitigate the risks. One staff member told us, "I know people very well and I know what risks are involved. For example [person`s name] needs staff with them when they go out because they have no road awareness." However we found that not all the risks known and effectively managed by staff were clearly recorded in people`s care plans.

We asked staff about how they monitored signs associated with people`s mental health needs. They told us that they found this information in people`s care plans and they knew people well enough to notice any changes in behaviour. People`s care records detailed the signs and symptoms staff had to observe which could have indicated a relapse of people`s mental health. People were regularly seen by health care professionals to review their mental health needs.

We reviewed all incidents that had occurred within the home since the last inspection. We found that where an incident had occurred, this had been reviewed by the registered manager, investigated and appropriate actions had been taken. In addition the staff team had then considered how they could learn from the event to minimise the likelihood of a recurrence. For example, one person regularly missed their medicines due to the time of the day these were prescribed for them. Due to the person's daily schedule it meant that they invariably forgot, or were not at the service for the lunchtime medicines to be administered. Staff spoke with the person's doctor to look for alternative options, and the person`s prescription was amended and times changed to accommodate the person's daily activity. No further incidents of missed medications had occurred since this change.

Staff were trained and knew how to report safeguarding concerns. They were familiar with the whistleblowing policy and they told us they would report to local safeguarding authorities if there was a need for it. One staff member told us, "I know about safeguarding and different signs of abuse. I also know whom to report my concerns including to local authorities, CQC under the whistleblowing policy." Information about safeguarding authorities contact numbers were visibly displayed on a noticeboard for people, staff and visitors. People were prompted in regular house meetings to read and ask for help from staff if they needed guidance in how to report their concerns. This meant that the provider had made all the necessary arrangements to safeguard people from possible abuse.

People and staff told us there were enough staff to meet people`s needs at all times. The registered manager had been recruiting to build up a permanent staff team. However they used agency staff in the interim to cover for the vacant staff hours. We found agency staff familiar and knowledgeable about people`s needs. They told us they were regularly working at the service and knew people well. Safe and effective recruitment practices were followed to help make sure that all staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the

complex needs of people who used the service.

People received their medicines from staff who were trained and their competency to administer medicines was regularly observed. Medicines were audited monthly and the results of audits since the last inspection demonstrated no issues with the administration of people's medicines. When we counted the medicines held in stock, numbers were correct and the amount of medicines matched the amount recorded on people`s medicine administration records (MAR). People did not run out of medicines and staff signed the records after they administered people`s medicines. Where people required monthly blood tests to monitor the levels of medicines in their system, these were carried out routinely. We also saw an example where a person's blood pressure had reduced due to a change of their medicines, and the staff carried out daily blood pressure readings to monitor the side effects and reported any significant changes to the doctor. Protocols were in place that gave guidance to staff about when to administer as required medicines, the reasons for doing so and any potential side effects. People's allergies to medicines were clearly recorded, alongside any other known allergies.

Good

# Is the service effective?

## Our findings

People told us that they were happy with how staff supported them. One person said, "I am mostly independent but lately I needed some help from them [staff], and they are very good." Another person told us, "I do like all the staff here. They know what I like."

Staff told us they received the appropriate training and support for their role. We saw, and staff told us, that they had regular one to one supervisions to discuss their role and development needs. Staff were also monitored for their competency in different areas of their role. The provider carried out competency assessments for their employees to benchmark their knowledge in areas such as manual handling, safeguarding, infection control and provided regular training to improve or refresh staff`s knowledge. Agency staff who worked regularly at the home were included in training sessions and were supported to understand and carry out their roles effectively. One agency staff member told us, "I had an induction when I started coming and working here. I feel included and part of the team here. I am well supported."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found that people were supported to make their own decisions and choices. One person told us, "I can do what I want here." Staff were knowledgeable and understood their role in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. One staff member told us, "Most of the people here have capacity and we will always check if this is changed or not. For example we monitor how people are dealing with their finances."

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was in the process of completing MCA assessments that were required for some people who used the service. These were for decisions relating to people's finance management and for close supervision. We identified one person who was unable to leave the home unsupervised. The registered manager told us, "We are concerned about [Person] going out alone as they have no road sense or safety awareness. The door is not locked, but we wouldn't let them walk off alone, but staff take [Person] whenever they want to go out." They were in the process of submitting a DoLS application to the local authority to ensure that they were lawfully restricted this person`s liberty.

People told us they liked the food which staff prepared daily. People were encouraged to participate in food preparations and tasks around setting tables, preparing drinks for themselves and other people. One person told us, "We have freshly cooked food twice a day here. The food is very nice." The menus were developed to

ensure there was a vegetarian option as well with each meal and people were involved in planning the menus. People were asked in regular meetings about what they liked or disliked and if they wanted to change anything.

People told us they had regular appointments with health care professionals and staff accompanied them to their appointments where required. We saw that people had access to chiropodists, opticians and their GP every time they needed it. People had access to psychiatrists, community psychiatric nurses and had Care Programme Approach (CPA) meetings. A CPA meeting is a way that services are assessed, planned, co-ordinated and reviewed for someone with a mental health condition or a range of related complex needs.

Good

# Is the service caring?

## Our findings

People we spoke with told us staff had a friendly and kind attitude. One person said, "Staff are very nice here. They are very kind." Another person told us, "Staff here are nice and polite. I like them." We saw that people were comfortable and relaxed in staff`s presence and they knew staff by name.

People had regular key working sessions held every four weeks to review their care needs. Where staff carried out reviews of people's well-being they did so with the person, giving them the opportunity to reflect upon their current needs, how they felt they were progressing and to discuss future goals and objectives. People were given a copy of their key working notes and care plan to review at their leisure and then sign to indicate their agreement. This meant that people had the opportunity to reflect on their support and improve in areas they felt they needed more support.

The registered manager told us as they were linking with a local advocacy organisation to ensure that if people needed they had impartial support around their decision making and they had an independent advocate to be their voice.

People were able to make choices about the way they spent their day, and were supported to remain independent. People were encouraged to participate in daily chores around the home and were involved in cleaning and tidying their rooms, prepare and cook their meals, and manage their finances. One person told us, "I usually make my bed in the morning and if I don't feel well staff will help me."

People told us they felt their privacy and dignity was promoted by staff. One person said, "I have my own room and staff knock before they come in." People had keys to their bedrooms and were able to spend time in private without being disturbed.

People received support from staff to maintain relationships outside the home. Staff helped people to plan and visit family members or friends if they wished. Staff accompanied people until they were confident in travelling independently. People`s confidential information were securely maintained.

Good

# Is the service responsive?

## Our findings

People were able to follow their individual hobbies and interests, and where needed, staff supported them to do so. People had a weekly activity planner that recorded their routine would be for that week. In the care records we reviewed the activities people were doing related to developing their independence, such a cleaning, gardening and washing around the home. However, other activities specific to people's interests were also provided, such as swimming, going to the cinema, bingo, spending a lazy afternoon on the sofa and walking. People had recently been asked to come up with a "Wish list" of activity they would like to do. These were then displayed on a board as a reminder for staff to ensure people got their wish. One person told us, "I like watching TV a lot, but I do other things as well." People who were less able to engage and socialise more in the community were helped and supported on a one to one basis by the `service user empowerment team` employed by the provider.

Assessments of people's needs had been carried out, involving the person's views alongside those of either their relative or a health professional. These included an overview of people's life history, family, behavioural needs and interests. However, people's personal preferences, although recorded, did not provide a person centred account of how to deliver the care. For example, one person's care plan noted they required, 'Prompting and supervision' with their personal care. A second person`s noted that they, "Would like staff to assist them with a morning bath." Neither documented how to provide this, preferred times, routines and so on. One of these people had significant difficulty communicating verbally, meaning they may find it difficult with someone they don't know to express their wishes. However, people's preferred name was recorded and staff were heard to use this throughout the inspection and staff were also very knowledgeable about people`s routines, likes, dislikes and preferences.

Staff discussed with people their cultural needs in key working sessions, and staff supported two people to explore different faiths. Although the care plans we looked at contained very little information about likes, dislikes, activities of daily living or what support people needed, if any, with washing, bathing, eating, drinking, communication or sleeping, staff and the registered manager were knowledgeable about people`s needs. The registered manager told us that they promoted people`s independence and people were able to decide on a daily basis what support they needed and this was confirmed by people we spoke with.

Care plans that related to people's mental health contained information about the regular reviews people had with health professionals. For example the plan contained communication from people`s psychiatrists and described the signs and symptoms people may display in case their mental health needs were not met.

People had the opportunity to participate in house meetings where they shared their views about the running of the home, what they felt was working for them and what they felt needed to change. We found that these meetings were regular, well planned and people knew in advance so they were all able to participate. Items discussed on the agenda included, safeguarding, how to complain, activities coming up and menus. People had the opportunity for each item to share their views suggest improvements. We saw that previous meetings actions were re-visited to ensure there were no outstanding actions and people were

happy.

Requires Improvement

# Is the service well-led?

## Our findings

The service had a manager in post who had registered with the Care Quality Commission. People and staff appeared to be at ease with the registered manager who was observed throughout the inspection to interact well with people, and ensured they were visible. People told us they had all the confidence in the registered manager and if they had any worries they would raise it with them. One person said, "I can talk to [name of registered manager] if I have any worries or complaints and they will listen. We also have regular meetings where I can say what I want." The registered manager was clearly passionate about the care they provided, led from the front and was happy to be seen to be involved in the day to day care.

People's records did not consistently document how to support people's identified or changing needs. Where people's care was reviewed, this was done through monthly key work sessions, quarterly subsequent assessments and then an annual review. One of the reviews we looked at had the subsequent and annual assessment completed on the same day, but neither assessment related to the identified needs. For example, in the subsequent assessment, staff identified inappropriate touching by a person to be an area that presented a risk. However this did not then transfer into the annual assessment completed on the same day. Monthly key working records referred to this behavioural need, but then there were no details in how to manage this through achievable goal setting and discussing the triggers with the person. This meant that it was a potential risk of not all the staff working at the home knew how to manage and monitor this person`s behaviour.

For other care plans it was not clear how staff monitored the improvements people made or if they achieved their agreed goals. For example, when discussing a person being overweight, there was no record of target weights, or measures to take to achieve a weight loss. Staff were managing this, however this was through individual staff suggestions and not part of an agreed healthy eating plan. We spoke with the registered manager and regional manager. The registered manager told us, "The annual assessment sets the objectives for the following year, it needs to be accurate." The regional manager agreed and they told us, "We have also identified the gaps in the notes; I have told [registered manager] there needs to be the golden thread running through all the assessments." We found that the registered manager was working towards an action plan to ensure records were contemporaneous and accurately reflected peoples` needs and the support they received.

A range of audits were completed by both the registered manager and also the provider. These included areas such as care planning, medicines, incidents and complaints, health and safety and training. The results of these reviews, as well as a visit by the local authority commissioning team had been used to develop a service improvement plan. We reviewed this plan and found that the issues identified at this inspection had been previously identified and improvements were implemented at the time of the inspection.

The registered manager told us that staff meetings were held monthly. They told us, "Meetings are held the first Friday of every month; it is easy to remember that way." Meetings for people living in the home were also monthly, the registered manager told us the last meeting had been cancelled due to a visit by an

external assessor, however the last documented minutes were from the beginning of January 2017.

The provider undertook a survey of people using the service every six months to assess the views of people about the quality of the care they received and management. When we asked to see a copy of the results, we were told by the regional manager that they related to all the homes operated by the provider and were not specific to Moti Willow. This meant that the registered manager did not have an overall assessment of the quality of service they provided as the results were affected by other locations. This was an area that required improvement to ensure staff, people who used the service, relatives and professionals could provide constructive feedback on the quality of care provided at Moti Willow.

The registered manager told us they felt supported by the provider and felt they had been provided with opportunities to develop their knowledge and understanding about the role they performed. They told us, "I have learned a lot [since the previous inspection] and the support is there for me. [Name of the regional manager] comes in twice a week and we discuss the service improvement plan and what needs doing."