L&Q Living Limited

Mandalay

Inspection report

Flat 3 Everitt Road
Saffron Walden
CB10 2YY

Tel: 07768557508
Website: www.lqgroup.org.uk

Date of inspection visit:
29 June 2022

Date of publication:
19 August 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Mandalay is a supported living service providing personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks relating to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection two people were receiving personal care.

Mandalay is a purpose-built building with its own individual flats. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care service.

People's experience of using this service and what we found
The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support
People received support to follow their own day to day interests. However we found the provider had not always reviewed people's long-term goals and aspirations or supported people to develop new skills.
People's risk assessments did not always contain sufficient detail to ensure staff were able to support people consistently and safely. Not all risks had been considered in relation to people's health and social care needs.
People were supported with their medicines safely and in a way they preferred. However we were not assured the providers arrangements for as required (PRN) medicines for people were effective, due to as required medicines not being readily accessible. For example, if a person required medicine for occasional pain or headache.

Right Care
There were sufficient numbers of staff to meet people's needs and keep them safe.
Staff received a wide range of training to ensure they had the skills and knowledge to support people safely. This included, nutrition and hydration, oral care, professional boundaries, epilepsy, positive behaviour support and learning disability awareness.
Staff promoted equality and diversity in their support for people. People's specific dietary needs were understood and being met.
People told us staff respected their privacy and dignity when providing care and support.

A complaints procedure was available and displayed to enable people to access it if they or their relatives had a need. We were told no complaints had been received at the time of our inspection.
People were treated with kindness and staff respected their privacy and dignity.

Right culture
People's needs had been assessed and personalised support plans were in place, however, some of this information was inconsistent. People were supported by staff that had been recruited safely, were trained to carry out their roles effectively and who understood people's individual care and support needs.
Audits were undertaken to ensure the quality of the service was maintained, however on inspection we identified risk assessments required more detailed guidance.
People were given the opportunity to provide feedback on the service and, people appeared satisfied. We saw staff well-being and great place to work surveys had been carried out, and relatives told us they were happy with the care and service their loved ones were receiving.

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

This was a planned inspection of a newly registered service.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to safe care and treatment at this inspection. Systems were not always effective to assess monitor and mitigate the risks to the health safety and welfare of people using the service. Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about the management of some medicines.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our effective findings below.	**Good**
Is the service caring? The service was caring Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our well-led findings below.	**Requires Improvement**

Mandalay

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post, CQC had been notified of this. An internal clinical governance safeguarding, and quality manager was overseeing the management of the service temporarily until the registered manager's post had been recruited to. They will be referred to as the manager throughout the report.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 27 June 2022 and ended on Thursday 7 July 2022. We visited the service on 29

June and carried out telephone calls to staff and relatives on 30 June and 7 July 2022.

What we did before inspection
We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection. We used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff and the manager.

We reviewed a range of records. These included two people's support plans and one person's medicines records. We looked at three staff records and one agency profile, in relation to recruitment, training, supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We sought feedback from professionals who work with the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments for people lacked sufficient detail to enable staff to consistently support people and manage their associated risks in relation to their care and treatment. For example; one person required support to cross the road, staff member knew in detail how to support the person, however this was not reflected in their support plan.
- The manager identified a safety risk relating to a member of staff. However we found no risk assessment in place to support the member of staff and there were insufficient control measures in place to reduce the risk.
- One person's oral health plan did not reflect their current routine staff told us about. Associated risks when staff were prompting people, were not documented. Staff and the manager lacked oversight of instances when risk had occurred, and how it was managed.
- Risks to one person from cooking and removing hot food from the oven, were not adequately assessed or documented in their support plan. This placed them at risk of harm.
- The lack of information and guidance in risk assessments meant staff were not supported to plan for and manage future or reduce the possibility of reoccurrence.

Risk assessments lacked detail and guidance to ensure staff supported people safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- We found one person did not have available to them, medicine for occasional use. For example, pain relief if a person was experiencing a headache or other pain symptoms. The service's current practice was not effective to ensure the person was able to receive this type of medicine if needed in a timely way.

We recommend the provider consider reviewing their existing systems, processes and policy in relation to how they support people who require pain relief, and consider current guidance on giving as required medicines (PRN) or homely remedies to people alongside their prescribed medication and take action to update their practice accordingly.

- People received their daily medicines as prescribed by health care professionals. Medicines were stored in locked cabinets in people's flats. People had individual Medicines Administration Records (MAR) charts that included details of their GP and any allergies they had. They also included details on their medical conditions and how they were supported to take their medicines.

● People had detailed pictorial and written information in their support plans to show where their medicines were kept and how they were stored.

Systems and processes to safeguard people from the risk of abuse

● Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member said, "Firstly I would protect them and make sure they were safe and in no immediate danger. I would seek medical attention if necessary. I can raise a safeguarding myself, but I would ring the manager and brief them."

● People's freedom was restricted only where they were a risk to themselves or others.

● Relatives were confident their loved ones were safe when receiving the care and support they needed. One relative said, "The staff are like extra mothers here, I trust them that much."

Staffing and recruitment

● The provider carried out checks on all staff before they commenced working at the service. These included employment references, proof of identification and criminal record checks.

● The provider was in the process of actively recruiting into vacancies. Regular agency staff provided continuity of care and support to people; including one to one support for people to take part in their daily interests and visit places they wanted to.

Preventing and controlling infection

● The manager confirmed there was a plentiful supply of Personal Protective Equipment (PPE) available. They participated in a programme of regular testing for COVID-19.

● Staff were trained in infection prevention and control, including correct use of PPE. Quality assurance checks took place to ensure staff were following current guidance.

Learning lessons when things go wrong

● Although there had been no incidents or safeguarding issues raised recently, the manager was able to describe how they would analyse and learn from incidents should they arise.

● Staff were aware of how to raise concerns and record incidents to help drive improvement.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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.
Supporting people to live healthier lives, access healthcare services and support

- Records we reviewed did not always contain clear information about the frequency of appointments and if any communication with relatives in relation to any follow up treatment. We recommend the provider reviews their systems and processes to ensure this information is consistently captured and recorded within records.
- People were registered with a GP and were also supported by their family members in accessing dental appointments.
- Oral health assessments were completed in accordance with NICE guidelines.
- Staff were able to tell us about the health care needs of the people they supported, and we observed positive interactions between staff and people which showed they knew them well. However the information shared with us was not always reflected in people's support plans.
- A Health Action Plan (HAP) was in people's support files. The HAP detailed what was needed to promote the person's good physical and mental health, their likes, dislikes and triggers to behaviour. It also included a hospital passport which contained information about their health and communication needs .This was used to ensure staff had relevant information about people when they went into hospital.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received training that was relevant to their roles and to the specific needs of the people they supported.
- Staff received training in a wide range of core areas such as nutrition and hydration, oral care, professional boundaries, epilepsy, positive behaviour support and learning disability awareness. Staff told us, "We get great training and great support."
- Staff told us they received supervision and felt supported. One staff member said, "supervision is brilliant.". We also spoke with a new member of staff who was receiving support as part of their induction.

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

- People received support to eat and drink enough to maintain a balanced diet, and people's individual specific dietary requirement were tailored to their needs.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals when they wanted to.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People who were subject to continuous supervision and control and were not free to leave the service had support plans which stated they lacked capacity to consent to care. Applications to the Court of Protection had been made where required.
- Staff supported people to make their own decisions about their care and support wherever possible.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
● People's independence was promoted, people were supported to express their views, and be involved in decisions day to day.
● People attended meetings to discuss where they would like to go, or what they would like to do next. They were encouraged to participate in arranging and minuting the meetings with support from staff if they wished.
● People, and those important to them, took part in making decisions and planning of their care and risk assessments. Staff supported people to maintain links with those that are important to them. Relative said, "[Name] is not very good at talking about their feelings, but staff manage to tune into [name] and cheer [name] up." People saw their relatives regularly and were supported by staff to do this.

Ensuring people are well treated and supported; respecting equality and diversity
● We observed positive staff interaction on most occasions, staff speaking with people in a calm, friendly and kind way. For example, when a person had toothpaste on their face, the staff member very respectful, offered them choice to remove it independently or if they would like assistance. Another staff member said about a person, "[Name] is a dream to support and has lots of different opportunities and activities."
● Staff supported people's independence and encouraged people to consider and decide what they would like to do. One staff member said, "If people are happy, then I am always happy."
● Staff knew people well and understood how they liked to spend their time. People were given options, but some enjoyed the same routines, such as going out shopping and paying for their groceries, going on bus trips, visiting museums, cinema or going to the pub. One person told us, "I like living here, I went to the pub last night with [name]."

Respecting and promoting people's privacy, dignity and independence
● People told us staff respected their privacy and dignity when providing care and support. One person said, "[The staff] help me have a shower, every morning, they treat me so kindly."
● Staff spoke passionately about their roles and were committed to supporting people to live full and active lives.
● Staff received equality and diversity training and appeared to know people's needs well.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives confirmed they had been involved in planning, reviewing, and evaluating all aspects of the care and support being delivered. However, we found people's long term goals, independence and aspirations had not been considered or planned for.
- For example; one person's goal was to make a 'toastie', staff were in the process of supporting them however, this had not been documented or reviewed as to how they were progressing. Following the inspection, the provider told us this information was updated on their online system, but had not been transferred onto the paper based support plans reviewed at the time of our inspection.
- People had free access to their family, friends, and community. One relative said, "I am very happy that [staff name] is supporting [name]," and "[name] does more now and goes out to different places which [name] enjoys."
- Following our inspection, the provider sent us a compliment email from the local authority stating that they felt the scheme had a good reputation.

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.

- Staff ensured people had access to information in formats they could understand. For example, their care plans, complaints procedure and planners included written and pictorial images to help explain the meaning of the information included.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication when people were trying to tell them something.

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

- The manager told us some opportunities which were available to people previously were no longer in place following the COVID-19 pandemic. However, one person's next of kin was exploring other interests for volunteer work.
- People were regularly supported to participate in their chosen social and leisure interests which were available. This included people being able to go away on holiday. One staff member said, "We speak with clients and involve their families about what they would like to do, they have control over where they want to go."

● People were supported when possible to maintain family relationships and relatives were regular visitors to the service.

Improving care quality in response to complaints or concerns

● There was a complaints policy and procedure in place. However, we were not able to assess the effectiveness of the policy because the manager advised us there hadn't been any formal complaints made to the service.

End of life care and support

● No one required end of life care at the time of this inspection.

● The manager told us end of life care would be discussed with a person's next of kin should their health deteriorate.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager had the experience and knowledge to carry out their role, however we found shortfalls in the oversight of the service.
- Audits were insufficient and had not identified that people's risk assessments and their long term goals, had not been adequately assessed.
- Records seen were insufficient and did not record the care people had received or their preferences; For example, staff had tried to support a person using an electronic tablet device, we were told the person was not interested. However there was no evidence of how support was offered, reviewed and outcome for this person in their support plan.

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

- Staff were able to explain their role in respect of individual people , however we found information provided by staff about people was not always reflected in their support plans.
- Staff told us, "There had been a lot of changes with management", and "It is a lot more balanced now albeit temporarily with the current manager in place". The manager recognised the impact this had on staff and told us they were confident with a more stable structure in place, staff will be made aware of what is happening within the organisation.
- The manager was working to improve the culture of the service and said the most valuable asset the organisation has is its staff and it is imperative that they are looked after. This means that there is a culture of openness across the service and the team should work together having an ultimate goal of providing best care and support to people using the service.
- Staff told us they felt valued and supported. They felt they were able to speak to the manager if they wanted advice or support. One staff member said, "[Name of manager] is good very supportive."

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 manager understood their responsibilities relating to duty of candour. A duty of candour policy was in place as well as a duty of candour officer which promoted open and honest discussion learning from errors and implementing improvement plans.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

● People were asked for feedback on their views of the service. The most recent survey was carried out in April 2022 with no concerns identified, and people appeared satisfied with the service they were receiving. After our inspection the provider sent us staff annual surveys, these included wellbeing, great place to work and also included many engagement forums where staff had the opportunity to feedback and help drive improvements across the organisation.

● We were not shown any relative surveys or questionnaires in relation to their experiences of using the service, however relatives we spoke to appeared happy with the service provided and maintain regular contact with their loved ones and the staff team at Mandalay.

● We saw team meetings and resident meetings had taken place with discussions around active support programme. The programme's aim is for people with learning disabilities to develop new skills, access a wider range of opportunities and engage in activities alongside other people. Enabling the building of important relationships and social networks that are part of ordinary life. However, we saw little evidence of how this was embedded into the culture of the service.

● The manager worked in partnership with external agencies and specialists to relating to people's specific needs. We saw reviews were held with care management teams which included social workers, family members and other professionals where appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found no evidence that people had been harmed, however systems were not always effective to assess monitor and mitigate the risks to the health safety and welfare of people using the service.