

Maria Skobtsova House Limited

Maria Skobtsova House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Maria Skobtsova House is a care home. It is registered to provide accommodation and personal care and accommodation for up to 8 older people. The service provides rehabilitation and support for people with mental health and physical needs. Maria Skobtsova House is affiliated to an organisation called St Anthony-St Elias also known as "the Community". At the time of the inspection there were 8 people living at the service.

The service is on two floors, with access to the upper floor via stairs or a shaft lift. Most bedrooms have ensuite facilities and/or a shared bathroom. There is an outside garden area.

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

People were at the heart of the service, and were cared for by very kind, caring and enabling staff. The atmosphere of the service was warm, friendly and like a family. People told us they felt safe living at the service and that their privacy, dignity and independence was fully promoted.

People's views were listened to, valued and used to design their individualised care and support.

People's health and social care needs were met, and care records showed that risks associated with people's care were being managed safely and consistently.

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

People's ongoing wellbeing was seen as an essential part of their care and support and staff were driven to help ensure people lived active and fulfilled lives.

People received support by staff who had been recruited safely and had received training to be able to meet their needs. Staff knew what action to take if they suspected someone was being abused, mistreated or neglected.

The service was part of the local community and staff worked in partnership with external health professionals to ensure people's care was co-ordinated.

The service was well managed, with monitoring systems in place to help identify where improvements were required. However, medicine checks had not been robust enough in identifying when records were not in place.

We recommend the provider implements the 'managing medicines in care homes', National Institute for

Health and Care Excellence (NICE) guidelines.

There was an open and transparent culture, and all staff displayed the 'person-centred' values of the organisation.

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

Rating at last inspection (and update)

The last rating for this service was Good (Published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Maria Skobtsova House on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Maria Skobtsova House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector, one specialist advisor for older person's mental health, and one expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who has mental health.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from members of the public and stakeholders, such as the local authority.

We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning team and Healthwatch Plymouth for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with five people who lived at the service. We also spoke with five support staff, the deputy manager, the registered manager and a senior manager.

We looked four care plans for people who used the service, training records for all staff, three medicines administration records and auditing and monitoring checks.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We contacted three external mental health professionals.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- People were supported by staff who had been recruited safely, in line with the provider's recruitment policy.
- Staffing levels were dictated by people's individual needs, with ongoing flexibility should people's needs change. A senior manager told us, "If someone is going through struggles, we bolster the staffing up".
- Consideration had been given to people's preference to be supported by male or female staff.
- Should a person wish to make an unplanned decision about wanting to do a certain activity during the day, there were staff available. For example, one person was observed to make a quick decision about wanting to go to the gym. A senior manager told us, "Spontaneity is a really important part of life, and our staffing levels allow us to do that".

Assessing risk, safety monitoring and management

- People told us they felt safe living at the service, commenting "I feel absolutely safe", and "This place is my sanctuary, I love it".
- People had a key to their own bedrooms to ensure the safety of their own belongings. One person told us, "I feel my belongings are safe, I have a key here, around my neck at all times".
- People who had risks associated with their care, had robust risk assessments in place. Staff knew how to support them safely and with continuity.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of what action to take, should they suspect someone was being abused, mistreated or neglected.
- The transparent culture within the organisation meant, staff could speak to senior management about any concerns should they feel it necessary.

Using medicines safely

- Overall, people's medicines were managed safely.
- People prescribed antipsychotic medicines (for mental health needs) were regularly reviewed by a relevant medical professional, to ensure their ongoing effectiveness, and whether changes could be made.
- Care plans for medicines, prescribed to be taken 'as required' were not always in place. This meant, people may not receive their medicines when they need them. In addition, medicine administration records (MARs) were not always signed when the 'as required' medicine had not been given or had been refused. However, we did not find people had come to any harm because of this. The registered manager told us she would take immediate action to rectify this, and speak with staff to improve practice.

- The provider had a monitoring tool to help identify where improvements were required. However, it had failed to identify that some records were not in place, and MARs were not always being signed.

We recommend the provider implements the 'managing medicines in care homes', National Institute for Health and Care Excellence (NICE) guidelines.

- Following the inspection, the registered manager informed us that individualised 'as required' care plans were being created and implemented, and that the medicines policy and processes were being changed within the service, inline with best practice guidelines.

Preventing and controlling infection

- People lived in a clean and odour free environment. People were encouraged to take part in the cleaning. A member of staff told us, "They help every shift, with what they can manage. Dusting and empty bins in the lounge, dealing with the recycling. It is good for them to feel they have achieved something".
- Staff received infection control training and put their training into practice. For example, by encouraging people to wash their hands before and after tasks, such as cooking or eating.
- One person had been offered a hand gel, to help eliminate the spread of germs from their cold.

Learning lessons when things go wrong

- There was an open culture whereby all safety concerns which were raised were highly valued and used as leaning and improvement. For example, medicine errors, no matter how minor, were acknowledged, with reflective practice taking place to help reduce re-occurrences or change current processes and practice.
- Data analysis was used to help identify useful themes and trends to minimise risks and reoccurrences.

Is the service effective?

Our findings

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

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

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

- The kitchen was the 'heart of the home', whereby people were empowered to cook and supported to make healthy choices about their nutrition. For example, some people were being supported to lose weight, whilst others were being supported with their diabetes. One person told us, "I am diabetic, and the staff ask me every morning what I want to eat on the day".
- Staff encouraged people to cook, whilst inspiring them to try new things, such as vegan and vegetarian alternatives.
- There were flexible meal choices, with everyone's likes and dislikes known and accommodated.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to be able to meet their individual needs. One person told us, "Staff truly understand my needs", and "Staff are brilliant, they are good at their job".
- Staff were complimentary of the training and support they received.
- Staff completed the care certificate. The care certificate is national set of induction standards for people working within the health and social care sector.

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

- People's needs were assessed before they moved into the service to help ensure their expectations and needs could be met. One member of staff told us, "To understand people's pasts, helps us to work better with people".
- The social dynamic and culture of the service remained of paramount concern, when any new person was being assessed to move into the service. With people, families and staff all being part of the process, to help ensure everyone was happy.
- The provider arranged organisational 'best practice' management meetings for the registered manager to attend, to discuss relevant guidance and changes in legislation.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- All staff were trained and confident about using the MCA so people's human and legal rights were fully respected.
- People's care records detailed their mental capacity, and others important in their care and support, such as power of attorneys (POAs).
- Best interest decisions were always made in accordance with legislation and people's wishes.
- Records relating to DoLS applications were in place and staff were aware of any relevant conditions/restrictions.
- People who were subject to DoLS authorisations were supported to appeal decisions to deprive them of their liberty by providing information and involving advocates.

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

- There was a warm and very homely feel to the service.
- The service was designed around people's needs and wishes. For example, people had been involved in decisions about the redecoration of the lounge.
- One person told us, "Before moving in the manager asked me to write a list of things I wanted for my room and they got me all the items I asked for, and a desk so I can do my writing".

Staff working with other agencies to provide consistent, effective, timely care

- A GP visited the service once a week to ensure people received timely and consistent care.
- People had 'hospital passports', which meant should they need to be admitted to hospital, their needs would be immediately known to staff on admission.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans detailed their goals and aspirations to achieve and live healthy lifestyles.
- People told us, "Staff are very accommodating. [Member of staff] made sure I could get an allotment where I can dig", and "They found me a place in the local gym".
- One person had chosen to train for/and run a 5k race, in recognition of a charity which was close to their heart. Staff had encouraged their ambition and celebrated with them, in their success.

Is the service caring?

Our findings

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

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

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

- People lived in a service which had a strong, visible person-centred culture. Staff spoke fondly of the people they supported and described the service as, "warm", "fulfilling", and "enabling".
- People told us, "They talk to me and we have a laugh", "The staff are caring and supportive at all the times", and "I love all of them, they go above and beyond".
- There was a very calm, caring and fun atmosphere, as if everyone knew each other very well, which made the service feel like a 'community' and a 'family'. For example, the support staff blended in with people, and sat and talked, providing attentive one to one support. People arrived back from their day out and were eager to share with others what they had been doing.
- People's religious, spiritual and cultural needs were fully respected and valued. People told us, "I go to Church every Sunday on my own, to the local church", and "I like to go to Church, staff drive me in the car and come with me as I need somebody with me at all the times for my balance".
- Staff were very clear, that the service was fully inclusive and that people's individual differences and life choices, were respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with the upmost dignity and respect, and we observed highly positive and very respectful interactions between people and staff.
- People's independence was promoted. Staff explained how people were empowered and encouraged to carry out daily tasks such as washing, cooking and cleaning. The service wanted to encourage people to transition and 'move on' from the service. For example, to move into independent living services. Therefore, staff were keen to support people as much as possible in developing their independence.
- The management of medicines and personal money was an aspect of people's care and support that staff spent time exploring ideas to try and facilitate independence and people's ongoing confidence.

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

- People and their representatives were regularly asked for their views about their care plans and the delivery of their service, and had their wishes respected.

Is the service responsive?

Our findings

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

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

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 service understood the needs of people and delivered social activities in a way that met their needs and promoted equality.
- People were encouraged to continue with their own hobbies, as well as try new things. One person was keen to learn to play musical instruments, so because of this, the provider was purchasing a piano.
- The provider organised activities such as climbing, sailing, canoeing and mountain biking.
- People belonged to local clubs, for examples writing and singing clubs. A member of staff told us, "The manager organises special trips and holidays too". An external professional was complimentary of the social opportunities people were offered.
- One member of staff told us, "When new residents arrive we encourage them to do activities, which help them settle. They have the opportunity to socialise and become more confident and build networks in the wider community".
- The service took a key role in the community and was actively involved in building links. One person volunteered at a sports club, and one person had recently become a member of the ministry at a Church.
- Staff went the extra mile to ensure people were supported to avoid social isolation. People were encouraged to form friendships and relationships outside of the service. A member of staff told us about one person who now, "Gets up earlier, he has a purpose to his life, and is trying new things. Making friendships out of the house, talking about the future". They explained that, "Seeing the development and confidence in him, has been amazing".
- Staff were vigilant in listening to people's ideas, needs and wishes, helping to improve people's ongoing mental health and welling. One person had been supported to find their own allotment. Staff told us, "We got him involved and researched it for him. Produce is brought back and cooked up with the evening meal. He's keen on getting something from something". Another person had been supported to find bereavement support, and from this had fostered new friendship and relationships.

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

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- Care plans reflected people's health and social care needs. An external professional told us they felt they were comprehensive.
- The provider was in the process of implementing a new electronic care planning system, which meant people's care records would always be updated in real time, and an accurate reflection of their care and support needs.

Meeting people's communication needs

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

- The registered manager and provider were aware of the AIS.
- Pictorial signage was used within the service where required.
- Staff adapted their own communication styles in order to meet people's individual needs. For example, speaking slower or using shorter sentences.
- A white board was used to help facilitate communication in the kitchen.

Improving care quality in response to complaints or concerns

- People were confident to complain. Telling us, "I'd speak with the staff", and "I would go to [registered manager] or [assistant manager]".
- The kitchen was the heart of the home, staff told us it was the around the kitchen table, where many discussions took place, and where people felt confident to raise any worries or concerns.
- A senior manager told us, "We are very open, they [complaints] are looked at, taken seriously, and people are given very honest and transparent feedback". They explained how learning was used to change policy and practice.

End of life care and support

- The service did not support people at the end of their life.
- However, we were told by the management team that should the situation ever arise, staff would receive relevant training, end of life person centred care planning would be conducted, and they would work in close collaboration with external health professionals.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had an effective oversight of what was happening in the service.
- Governance systems were in place and embedded within the service. However, the monitoring checks regarding medicines had failed to identify where improvements were required. Immediate action was taken to make improvements at the time of the inspection.
- All staff were aware of their responsibilities. Quality checks of staff's practice helped to positively reflect and ensure care and support was of a high standard, and that risks and regulatory requirements were understood and being met.

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

- There was an obvious very person-centred culture within the service. Staff described the service as "warm", "fulfilling", and "enabling".
- The management team fully displayed the values of the service. The values were observed to be underpinned in staff's practice.
- One person was highly complementary of the registered manager, and warmly told us, "She [the registered manager] runs a tight ship".

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

- There was constructive engagement with staff, and people who used the service to ensure a high-quality service.
- People were at the heart of the service. People's views and opinions were valued and used to help in the ongoing development of the service.
- One person had been supported to express their views about mental health, in writing to Prince Harry, of the Royal Family. Their attempt in doing so was valued by staff, and their response respectfully acknowledged.
- One person had been asked by a psychiatric consultant to talk about their lived experience of mental health at an external conference.

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

- The registered manager and provider admitted when things went wrong. Telling us, "We are very open, never hide anything. If we have got anything wrong we apologise", of which demonstrated the requirements of the Duty of Candour (DoC), to be open, honest and transparent.

Continuous learning and improving care

- The registered manager and provider were passionate about continuous development.
- External workshops and conferences were attended by the management team and used to help maintain the management teams ongoing competency within the sector, and to ensure the service was delivered in line with best practice.

Working in partnership with others

- The provider engaged positively with stakeholders to help build positive experiences for people based on good practice and people's preferences.
- The staff worked with external organisations such as MIND (the mental health charity) to help support people's ongoing mental health and wellbeing.
- The service was at the heart of the community, with people and the public positively engaging with each other. For examples, positive relationships had been fostered with shop owners, hairdressers and local pubs.