

L&Q Living Limited

Bocking Alms Houses

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

This service provides care and support to people living in a supported living setting in the village of Bocking. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 13 people with learning disabilities were receiving personal care at the service.

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

Feedback from people and families was positive. A relative told us, "I would definitely recommend the service we are all happy my family member is cared for well."

The registered manager was a strong and committed leader. They were an excellent role model and promoted an open enabling culture where people were at the centre of the service.

Risk was well managed at the service. Staff supported people to make choices, ensuring they had the necessary information to manage their own risks. The service used technology positively to help people remain safe. Staff took the necessary action when they were concerned about a person's safety. Arrangements were in place for the safe administration of medicines and staff were recruited in a safe way. There was a positive culture around learning from mistakes to improve the service.

Staff assessed people's needs to ensure they were able to provide the necessary support. Care plans provided staff with practical guidance and information. Staff were skilled and supported well in their role. People were supported with their nutritional needs, where required. Staff promoted people's health and wellbeing and supported them to access a range of health care professionals.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, inclusion and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had developed close, trusting relationships with a stable and committed staff team. They were encouraged to express their views and make choices about their care. Staff promoted people's rights and treated them with dignity and respect, encouraging them to maximise their independence.

Support was flexible, person-centred and adjusted to people's changing needs. People had varied lives and received support to develop their interests. Staff used different communication methods with people to ensure they received information in a manner they would understand. People and their representatives knew how to raise any concerns and were confident they would be dealt with effectively.

Morale was good at the service. People benefitted from a positive atmosphere and a stable staff team. The provider supported improvements at the service. There were thorough audits to check the quality of care. Feedback was encouraged, and the information gathered was used to make the service better.

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

Rating at last inspection

The last rating for this service was good (published 19 May 2017).

Why we inspected

This was a planned inspection to check the quality of the service.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bocking Alms Houses

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

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 announced. We gave a short period notice of the inspection because we wanted staff to let people and families know we were inspecting the service. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 November 2019 and ended on 28 November 2019. The inspector visited the office location on 25 and 26 November and the Expert by Experience made phone calls to families of people at the service on 27 and 28 November.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, such as information

the provider has to send us about incidents which occur at the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people and 12 relatives to find out their views about the service. Where people were not able verbally to communicate with us, or chose not to, we used observation to gather evidence of their experiences of the care they received. We met or spoke with three members of care staff, three senior care staff, the registered manager and an area manager. We reviewed a range of records, including two people's care records. We looked at information relating to the management of the service, including staff files and quality audits.

After the inspection

The registered manager sent us information which we requested. We received feedback from a trustee, two health and social care professional and one community representative who had contact with this service.

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.

Systems and processes to safeguard people from the risk of abuse

- People and their families felt safe at the service. We observed people interacting closely with staff for reassurance when they were anxious. A person told us how they talked to staff about things which concerned them.
- Staff received helpful guidance around what to do if they were concerned about a person's safety. A senior member of staff told us, "I do a lot of coaching for safeguarding. This involves a lot of time; some staff need two or three sessions with me."
- The manager understood safeguarding procedures and raised referrals in a timely way.
- Staff had raised a safeguarding alert for investigation by the local authority when they had concerns about a person's safety. Statutory notifications had been submitted to CQC as required.

Assessing risk, safety monitoring and management

- Risk was managed well at the service and staff enabled people to take positive risks. People and relatives told us this was a safe service. One relative said, "[Person] is safe with the staff and I don't have to worry about them. There are different buttons in the flat which makes life easier and safer for [Person] to summon help if needed."
- Staff carried out risk assessments which were reviewed regularly as people's needs changed. A relative described how staff had increased their support appropriately when a person's had health and independence changed.
- People benefitted from an effective use of assistive technology which enabled them to continue living independently. For example, a person had a sensor which staff used to monitor their safety. The innovative use of this technology supported people to remain safe whilst minimising restrictions on their freedom.
- The registered manager had communicated well with the Fire Authorities to ensure the service had a safe plan if there was a fire. Care plans were being reviewed to make sure staff had clear advice about what support each person required in an emergency.

Staffing and recruitment

- Staffing was organised flexibly and efficiently to meet people's needs.
- The provider had an effective recruitment and selection procedure. Staff and records confirmed relevant checks were carried out on new members of staff prior to them starting work for the service.
- A relative told us they did not like their family member receiving support from agency staff. However, this was minimised as there was a relatively stable staff team and minimal use of agency workers. A trustee told us, "Where other organisations all have difficulty in recruiting and retaining staff and rely heavily on agency support, we have had very little staff turnover and very rarely need agency staff."

Using medicines safely

- Appropriate arrangements were in place for the safe administration and recording of medicines. We observed staff were patient and meticulous when supporting people with their medicines, involving them and communicating well throughout the process.
- Staff supported people to remain independent with their medicines where appropriate.
- Staff were only able to support people with their medicines when they had received the required training. A member of staff told us, "Haven't started doing the meds as I am still doing the training. They did one test run where they watched me and talked me through it where my mistakes are likely to happen. It's a really good process."
- There had been an unsettled period following the changes in how medicines were stored. The registered manager told us the new system required an increase in staff time and additional staff training. There were some medicine errors during this transition, but the registered manager had acted swiftly and effectively to ensure medicine was administered safely.

Preventing and controlling infection

- Staff had received training to help people minimise the spread of infection.
- Observations of competence included checking how well staff supported people, for example, whether they used gloves when required.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to ensure lessons were learnt to prevent any mistakes from being repeated. Learning was shared and discussed openly and effectively with the staff team.
- The improvements to the administration of medicine reflected a shared commitment across the service to improve care when things went wrong.

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.

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

- Staff carried out assessments before people started using the service to ensure their individual needs could be met.
- Care plans were detailed and provided practical information to ensure staff delivered care safely. For instance, one person required support with their catheter and their care plan included pictures and detailed guidance to ensure staff knew how to meet the person's needs.

Staff support: induction, training, skills and experience

- Staff had the necessary skills to meet people's needs. Staff received ongoing training with senior staff providing additional support, such as individual guidance on using new computer programs.
- There was a comprehensive induction process for new staff. One member of staff told us, "I have done two weeks shadowing a colleague and I have now started taking residents out within my capabilities, but I can't go out with [named person] due to their needs."
- Senior staff observed the competence of care staff on a regular, structured basis. This improved the quality of care people received, for instance during a competence check a member of staff was reminded to give a person more space for their privacy.
- All the relatives we spoke with told us staff were skilled at their job, though one relative told us, "I do think some of the staff could do with more help with things like cooking. Some of the staff are quite young and haven't developed some of the more domestic skills."
- Staff told us they felt well supported. There were regular supervision meetings between senior and care staff to discuss training needs and any ongoing issues. When we spoke with staff we found they were enthusiastic about their role. There was a positive commitment towards learning and developing their skills.

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

- Staff supported people to eat and drink in line with their preferences. There was a positive approach to providing advice on healthy eating, whilst promoting people's rights made choices about meals. We observed a member of staff talking to a person about strawberries, discussing both the benefits and sugar content.
- A member of staff told us they were responsible for promoting wellbeing through fluid and nutrition. A person told us, "Staff always leave me a drink, it's for my kidneys."
- Staff provided the necessary support with people's individual nutritional needs, including referring to specialist agencies as required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People received personalised support to access services, for instance staff worked closely with occupational therapists to ensure a person used the correct equipment when using a bath. Relatives told us staff supported people well to remain healthy. A relative said, "They sort any illnesses out and get the doctor involved so I am happy [Person] is safe".
- Staff support was holistic and focused on people's overall wellbeing. A member of staff told us staff had attended sexual health training to enable them to meet people's needs in this area.
- Staff had the skills to encourage people who might refuse to attend appointments. One person's care plan had advice on the support needed leading up to appointments to minimise anxiety and encourage them to attend. Staff recorded involvement from other professionals effectively which helped staff check for gaps.

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.

- The service worked well to apply the principles of the MCA. People's capacity to make specific decisions were assessed.
- Staff had received training on the MCA and spent time discussing their learning as a team and thinking through how it applied to the circumstances at the service.
- There was a commitment to ensuring decisions were made in people's best interest. Staff had worked with professionals to keep a person safe, which had involved a restriction on their freedom. They had worked within the principles of the MCA to make sure the decision was the least restrictive alternative available.

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 now 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 developed trusting relationships with the staff who supported them. Relatives told us staff were caring. One relative said, "I am extremely impressed by the way [Person] is looked after and treated. Staff really support [Person's] individuality."
- Care plans reflected how well staff knew people. There was advice in one person's care plan on using humour to deflect a complex situation, "You can tell me I am being a grumpy man and I'll usually laugh and snap out of it."
- Staff were focused on the person rather than the task being carried out. A member of staff told us, "We always stand on the door step and ask, 'how are you' before bombarding them with the known routine." We observed this in an interaction between a member of staff and a person and noted they an issue which was making the person anxious before continuing on to the planned task.

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

- Staff wrote care plans from the perspective of the person being supported. People's preferences were reflected and clearly documented. People told us staff offered them choices when providing care. A person said, "They go to my fridge and say you've got this and that and I chose."
- Staff used various communication methods, as described in the responsive section of this report, to ensure they promoted people's voice.
- When required, the service arranged for people to receive support from independent advocates to ensure they were involved in making decisions about their care. Advocates support people to express your views and get their voice heard.

Respecting and promoting people's privacy, dignity and independence

- Staff used long established activities as an opportunity to develop people's independence, such as encouraging them to be involved in washing up during the weekly coffee morning. Relatives told us this helped increase people's confidence.
- Staff broke tasks down into stages and supported people to maximise their independence where appropriate. A relative said, "Staff respect [Person's] independence and encourage them to do as much as possible for themselves but will support with meals if necessary."
- Care plans referred respectfully about people's right to make choices about the relationships they developed, with staff support focussing on non-judgemental guidance and advice. Since our last inspection there was a greater understanding of people's rights to make choices in this area.

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.

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

- Care was personalised and tailored around people's individual needs. People worked with staff to achieve agreed outcomes. These were practical aims, such as taking part in a new activity or learning a new skill.
- People were given the opportunity to help in the planning of their care. Regular reviews took place which involved the people being supported by their representatives as appropriate. A relative described how staff had involved them in review meetings when their family members needs deteriorated.

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.

- Information was presented in ways people could understand and was adapted flexibly depending on their preferred form of communication. During a review meeting a person was shown a set of faces to indicate how they felt about the decisions being made around their care.
- The different communication methods were used to shape the care people received. A member of staff told us, "I put pictures of staff in front of [named person] and ask who they want to go on holiday with." Staff also used Makaton to communicate with people. Makaton uses speech with signs and symbols to help people communicate.

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

- Staff encouraged people who used the service to be integrated into the local community. A local representative told us, "The Almhouses is very much part of village life and held in high regard by the community at large."
- Staff supported people to develop interests and remain active. People had personalised and varied timetables. A relative told us, "Staff know [Person] well and will take them out regularly to do the things they like to do, such as going to concerts".
- Staff accompanied people on holiday to provide the necessary care and support they required. People told us that being able to go on holiday was very important to them.
- Staff support enabled people to keep in touch with their families and friends. Staff made exceptional efforts to make sure a person kept in touch with their family after a bereavement.

Improving care quality in response to complaints or concerns

- People and their representatives felt able to complain. A family member said, "I have never needed to complain but believe they would listen and deal with anything. I have the utmost confidence in them all."
- There was an effective complaints process which helped the registered manager ensure people received a reply when they complained, and concerns were dealt with well. After a person had raised a concern the registered manager had chased a referral to an outside organisation who would be able to support the person.
- Staff valued people's views and treated their concerns with respect.

End of life care and support

- We were not able to assess how well staff supported people who needed end of life care as no one at the service required this support at the time of the inspection.
- Staff had spent time talking to people about their preferences for their future care to ensure their views were considered over future decisions. Where people chose not to discuss this, staff asked for their representative's views, as appropriate.

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.

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

- People and families were positive about the service. One relative said, "The fact that [Person] likes to be there and sees it as home tells us they are happy and if they are happy then we as a family are happy."
- The registered manager was a passionate and committed leader and was key to the positive culture at the service. A member of staff told us, "The manager is fantastic. They genuinely do care. They work on the floor, you can ask them anything about the residents and the manager knows them." A social care professional told us, "The registered manager leads effectively but also compassionately, and is a great role model for staff."
- Staff were motivated by their commitment to the people they supported. They worked well to ensure people received good quality care. A member of staff told us, "People get good quality care. We are a very strong team and support each other, if staff aren't good, they do not last."
- Feedback from stakeholders was positive. A community representative told us, "There is no culture of 'one approach fits all', careful attention is given to each of the residents. Staff that do not fit the scheme's ethos do not remain long." A professional who worked closely with the service said, "This is one of the nice places that I don't have to worry about."

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

- Roles were well defined as the service. One senior member of staff was responsible for coordinating the administration of medicines and worked effectively with other staff to resolve the concerns discussed in the safe section of this report.
- The service benefited from support from the wider provider organisation. For example, the manager told us they had asked for specialist advice to ensure medicine administration was safe.
- There was an open culture at the service, where feedback was encouraged. After a person had raised concerns the registered manager recorded in a central log, "[Person] was very annoyed and rightly so. I asked them to write me a complaint." The person then received an apology and the staff team discussed how they could avoid the mistake happening in the future.
- Senior staff carried out regular and thorough audits, such as checks to make sure staff were supporting people safely with their money. These measures helped the registered manager make sure people were supported safely and received good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked well with other agencies to ensure people's needs were met. A health professional told us, "These guys (staff) are brilliant, it's a close team who are seeking outside ideas."
- The service was outward-looking and keen to engage with their neighbours and networks. A representative from the local community told us, "The manager has maintained an internal caring community that is part of the wider local community, prepared to engage in all aspects of it."
- Senior staff had regular meetings with the people who used the service, where information was shared. People were consulted about decisions at the service, usually around activities, such as how to celebrate Christmas. Two people sat on the interview plan, which meant they had some control over choosing the staff team who supported them.

Engagement and involvement from families was positive and appropriate. A family member told us, "Sometimes there are relative and resident meetings which I go to and they also have family days when everyone is encouraged to express themselves and have fun. They are only too pleased for me to go at any time."

- Staff told us the registered manager engaged with them personally and helped them develop their potential. A member of staff told us, "The manager has a plan for you even though you don't know it."

Continuous learning and improving care

- The registered manager striving towards providing an outstanding service. They were well supported by a staff group who were open to change and committed to providing high quality care.
- The provider invested in new technologies which were used to help transform the service. For example, the new electronic process of recording staff contact with people helped the registered manager understand what was happening at the service.