

Maison Moti Limited

Moti Willow

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27 January 2016 and 08 February 2016 and was unannounced. The service had not been inspected previously since it was registered 19 February 2015.

Moti Willow is registered to provide accommodation and personal care for up to 7 people with Mental Health needs. At the time of our inspection 7 people were living at the home.

There was a manager in post who was in the process of registering 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 were independently organising their leisure activities, they had regular visits to local shops and their family. There were also activities provided in the home or other locations owned by the provider for people to participate in. The manager told us they were discussing with people what activities they wanted the service to organise and support them with. There were workshops organised for people to learn about their rights, hygiene and healthy eating.

Risks associated with daily activities and people's mental health needs were identified however there were no clear plans how to manage and mitigate these. Agency staff working regularly at the service were not knowledgeable about the signs and symptoms in case people had a relapse in their mental health conditions.

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, there were no detailed plans about how people communicated, risk assessments and personalised plans around the support needs for people's mental health needs.

Accidents and incidents were recorded and information was sent to the provider's head office as well. The manager told us they were investigating incidents or accidents and they were looking for trends if it was a need for it.

The manager told us they were encouraging people to be independent and in control of their life. People told us they were encouraged to participate and help in daily tasks, cooking, setting tables, laundry, keeping their bedroom tidy, however there were no plans developed to ensure staff had a systematic and consistent approach when supporting people to become more independent. People had no clear goals for them to achieve and monitor their progress.

People received support from staff who had been appropriately trained and were knowledgeable in how to protect people from abuse. Regular 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. However agency staff who was regularly working at the service had not received training about the mental health conditions people lived with.

People were supported by appropriate numbers of staff, some of which were agency staff. The manager had been recruiting to build up a permanent staff team to ensure people were supported by a permanent staff and received consistent support.

Recruitment processes were thorough and ensured staff employed were of good character and fit to support people with complex mental health issues. They received an induction and on-going training and had regular supervision with the manager.

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 GP's 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 was 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 manager monthly and six monthly by the provider and they looked at areas like infection control, health and safety, medicines management, supervisions, care reviews. A quality survey had been sent out to people, relatives, staff and health and social care professionals. The service only received the results from people who used the service at the time of our inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Risks associated with daily activities and people`s mental health needs were identified however there were no clear plans how to manage and mitigate these.

Accidents and incidents were reviewed by the manager; they also sent the information to the provider. However when incidents occurred there were no risk assessments developed as a result to prevent reoccurrence.

People were supported by staff who were employed through robust employment procedures which ensured 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 encouraged to be involved in cooking their own food and the menu always contained a vegetarian option.

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

Staff received training relevant to their roles to give them the skills required to meet people's needs effectively. However agency staff had not been trained to understand people`s mental health.

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; the manager organised regular workshops to provide people with information to understand their rights.

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.

Is the service responsive?

The service was not consistently responsive.

People received support when and how they needed staff to support them. Agency staff had limited knowledge about triggers for people to suggest their mental health was not good.

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

There was a complaints procedure in place and displayed visibly for easy access for people, there were no complaints recorded since the home opened.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

People`s care records lacked details of their support needs as well as likes and dislikes.

Actions agreed at review meetings were not reflected back in people`s care plans and there were no action plans to record who was responsible for the actions to be completed.

Risks associated with people`s mental health and daily activities were not always recorded. This meant that staff who were not familiar with people`s needs may have not recognised signs of people`s mental health deteriorating.

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

Requires Improvement ●

The 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 took place on 27 January 2016 and 08 February 2016. The first day of the inspection was carried out by one Inspector; the second day of the inspection was carried out by two inspectors. The inspection was unannounced. Before our inspection we 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 five people who lived at the home, two permanent support staff, one agency staff member and the manager. We also asked for feedback via e-mail from three relatives, one social care professional, three health care professionals and two staff members. We received feedback from two relatives and two staff members.

We looked at five 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.

Is the service safe?

Our findings

People told us they felt safe living at Moti Willow. One person told us, "I feel safe here, staff look after me." Another person said, "I am safe in the home. It is a good place."

People were regularly seen by health care professionals to review their mental health and medicines. Risks associated with people's daily activities were identified however there was very little information for staff about how these were managed to ensure the risks were mitigated. We found that there were incidents reported when a person was accessing the community, their behaviour put them at risk. There were no detailed plans in what was the level of risk for the person, if their behaviour presented any risks for the general public and how were these risks mitigated. The manager had organised workshops for the person to participate in and learn about the risks associated with their behaviour. However there was no management plan developed to ensure measures were in place to monitor and prevent reoccurrence.

Accidents and incidents were recorded for each person and the information about these were collated by the provider's head office and flagged up to the manager in case they needed to investigate further.

We asked staff about how they monitored signs associated with people's mental health needs. They told us that they find this information in people's care plans and they knew people well enough to notice any changes in behaviour. For example a staff member told us about a person who liked gambling And how they supported this person. However there were no management plans to detail how the support this person needed with their finances and behaviour.. However agency staff were not able to tell us the signs and triggers that people may display when they may be experiencing a relapse of their mental health. This meant that people were not supported by staff who were aware of how to support people with their individual needs?

The manager had begun to re-evaluate people's care plans between the two dates we inspected and on the second day we saw they had begun to make efforts to improve this area.

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 will report any concerns about abuse to the manager or senior managers, I would report under the whistleblowing policy to local authorities if I would have any concerns." 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 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. One staff member told us, "I believe there is always enough staff working on each shift to meet people's needs. There are times when it is inevitable that agency staff are required to work, however the staff used are regular and know people well so there is no negative impact on the service users." Safe and effective recruitment practices were followed to 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 had their medicines administered safely by trained staff who had their competencies to administer medicines assessed regularly by the manager. We found that medicines administration records were accurately completed and contained information about any allergies the person had and gave clear instruction for staff in when and how to administer people's medicines. However we found that medicines for people prescribed as and when required had no clear protocols for staff to follow in when to offer or administer these medicines. Staff told us people were able to ask for pain relief if they were in pain, however for people who had medicines for specific behaviours like anxiety there were no detail on signs and symptoms and when staff should offer those medicines to people.

Is the service effective?

Our findings

People told us that staff knew them well and they were happy with how staff supported them. One person said, "Staff know me well and they know how to get me to do things. They have an answer for everything, they are very clever." Relatives had mixed views about staff's understanding of people's condition. One relative told us, "The staff are very competent in their work and knowledgeable in medical skills and on the psychiatric side." Another relative told us, "Staff are very nice, however I don't think they fully understand [person's name] condition." They told us that their relatives feelings and anxiety was not fully understood by staff and on occasion this caused them to be more withdrawn and not stimulated enough.

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 like manual handling, safeguarding, infection control and provided regular training to improve or refresh staff's knowledge. However agency staff who worked regularly at the home, had not been specifically trained to understand people with mental health needs. The manager told us they will be addressing this as a matter of urgency.

People were supported to make their own decisions and choices. Staff were knowledgeable and understood their role in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. People told us they were free to leave the home when they wanted all they had to do is sign themselves out. One person told us, "I go out when I want on my own. I went for a walk today but it is cold."

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 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. We found no evidence that people were deprived of their 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, "I like the food staff cooks here. It is fresh, homemade and very tasty." 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 like or dislike and if they wanted to change

anything. For example we observed a house meeting on the day of the inspection and one person suggested having more varieties when sandwiches were on the menu and less rice.

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.

Is the service caring?

Our findings

People we spoke with told us they felt the staff were caring and attentive. One person said, "We are all friends here and staff are very good." One relative told us, "Staff are nice and caring." Another relative told us, "The staff are very caring and sensitive to [person`s] needs. They have a good personal rapport with [person]." We saw that people were comfortable in staff`s presence. They knew staff by name and they were relaxed in staff`s presence.

People and staff told us that they had regular key working sessions. These were held every four weeks and staff discussed with them how they felt, what was working for them and discussed what had happened in the four weeks following the previous meeting. One person told us, "I have met with my key worker and I discussed what is good." This meant that people had the opportunity to reflect on their support and improve in areas they felt they needed more support.

People were encouraged to learn and understand about their rights. For example the manager organised workshops for people where they learned about their rights and services available to them. The manager told us, "The workshop was a real success and people are very interested to learn what their rights are. We are going to repeat these sessions to ensure everybody attends."

People told us they were able to make choices about the way they spent their day, and were supported to remain independent. People were encouraged to clean and tidy their rooms, prepare and cook their meals, and manage their finances. One person told us, "Staff will help me if I am not in the mood to clean my room, usually I do it." Some people chose to spend time in their rooms or watching TV in the lounge and others chose to visit the local town. One person said, "I watch TV a lot, I like it." Another person told us, "I go out when I want, I go shopping a lot."

People told us they felt their privacy and dignity was promoted by staff. One person said, "They [staff] always knock on my door and they wait until I say yes." People had keys to their bedrooms and were able to spend time in private without being disturbed. One staff member told us, "I am able to protect people`s privacy by respecting personal space like knocking on doors and waiting for permission to enter before doing so. Recognising and respecting their views and choices as individuals, also the decisions they make."

People received support from staff to maintain relationships outside the home. Staff helped people to plan and visit family members or friends; however people were required to be independent when using public transport or family members had to accompany them. People and relatives involved in their care told us that staff kept them informed of changes to their day to day care needs, such as reviews with doctors or social workers and medical appointments.

Is the service responsive?

Our findings

Care plans we looked at that related to personal care matters and social activity contained very little information about likes, dislikes and activities of daily living. There were no detail to explain what support people needed, if any, with washing, bathing, eating, drinking, communication or sleeping. When we asked the manager about the care plans they told us that they promoted people's independence and people were able to decide on a daily basis what support they needed. However this was not clear if people were self-caring in any of the areas mentioned above. For example a person's care records detailed that they were not consistently able to maintain good personal hygiene at times. There were no guidance for staff to follow on how to support this person to ensure they maintained good personal hygiene.

Care plans that related to 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. However there were no plans developed to inform staff of the best practice to prevent people's mental health deteriorating or what they had to do in case people had displayed these symptoms.

Regular staff we talked to who supported people in these specific areas were able to demonstrate to us sufficient individual knowledge of the person's needs. For example, staff told us they knew when they had to give space to people because they were anxious, or how to approach people to ensure they maintained their personal hygiene. However agency staff were not as knowledgeable about people's mental health. They were able to tell us people's day to day support needs, however not able to explain in what way each person was affected by their mental health and what the signs and symptoms were to suggest people were not feeling well mentally.

The majority of people who lived at Moti Willow were able to go out independently and decided on what social activity they wanted to do. People told us they went out when they wanted, they were doing their own shopping and if they needed staff supported them with this. One person told us, "I go out when I want, staff helps me do my shopping." Another person said, "When I want to go for a walk, I will sign the book and go. I go to town or visit my family." When people were not going out they were happy to watch TV, play cards and on occasions they visited activity groups organised by the provider where they met people living at other services owned by the provider. Part of the activity programs were the workshops offered to people to learn about healthy eating, hygiene, rights and how to build up their self-esteem.

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. On the day of the inspection we participated in a planned house meeting. The meeting was chaired by a staff member, however one of the items on the agenda was to discuss if anybody from the people living there was interested to chair the future meetings. People took great interest and they chose a person who was happy to chair the future meetings. Items discussed on the agenda were, safeguarding, how to complain, workshops, activities coming up, menus, and 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.

Is the service well-led?

Our findings

People's records contained up to date information regarding their mental health and the manager ensured that they had regular reviews by health professionals, however records were not person centred to reflect what people's mental health meant for them. For example records described the signs, symptoms and general characteristics but did not detail how this affected the individual or any specific behaviour they individually displayed to suggest their mental health was not under control. The short overview of people's support needs had no detail on how people had to be supported by staff when they manifested specific behaviours which could have been challenging. When we discussed this with the manager they took immediate action and they sent us a sample of the updated form for us to be reassured they were treating this as a priority.

People and relatives told us they had great respect for the manager at Moti Willow and they were confident in their leadership skills. One person told us, "[Manager] is good, they know everything and they organise stuff for us." One relative told us, "I have a great respect for [manager], they are very caring and they do their best."

Staff told us they felt supported by the manager and they were able to share their views on how the service was run and the issues they raised were treated with respect and validated. One staff member told us, "The ethos and values of Moti Willow are putting the service users first, being open and honest, focusing on service users independence, giving both service users and staff equal opportunities and being passionate about what we do."

The manager had systems in place to audit and monitor the quality of care people received. These included areas such as medicines, health and safety, incidents, staff training. The provider was conducting audits regularly and they looked at all areas to ensure that the actions identified in monthly audits were completed.

The views, experiences and feedback obtained from people who lived at the home, their relatives, professional stakeholders and staff had been actively sought. The provider sent out questionnaires seeking feedback about all aspects of the service recently. At the time of the inspection the manager had received the collated feedback from people living at the home and areas to action from the information people provided. For example the survey identified that not every person was aware of their rights, the action for the manager was to ensure people were aware of their rights and this was achieved by organising workshops for people.