

# Optalis Limited

# Mokattam

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Our inspection took place on 7 June 2018 and was announced.

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

The care service has been developed and designed in line with the values that underpin the "Registering the Right Support" and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service can provide care and support for up to six adults with learning disabilities or autism. At the time of our inspection, the service accommodated six people. Each person had their own bedroom, and there were communal facilities such as dining, lounge and kitchen. The premises were adapted into a care home. The service is due to move to a new location in 2019. We made a recommendation regarding Mokattam's move to a new house.

The provider is required to have a registered manager as part of their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run. At the time of our inspection, there was a registered manager in post.

At our last inspection on 15 May 2017, there were three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued three requirement notices against the provider and required an action plan. At this inspection, there was evidence that satisfactory changes were made to ensure people's health and safety was protected, and that the quality of care was monitored and effectively managed. The service has now achieved compliance with the relevant regulations.

We found people were protected against abuse or neglect. There were personalised risk assessments tailored to people's individual needs. Sufficient staff were deployed to provide support to the person and ensure their safety. Medicines were safely managed. The premises were clean and tidy.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff received appropriate induction, training, supervision and support. This ensured their knowledge, skills

and experience were suitable. People's care preferences, likes and dislikes were assessed, recorded and respected. Access to other community healthcare professionals ensured the person could maintain a healthy lifestyle.

Staff had caring relationships with people who used the service and their relatives. There was complimentary feedback from people, relatives and other healthcare professionals about staff and the service. People's privacy was respected and they received dignified support from staff.

The service provided very person-centred care to people. People and relatives were included in care planning and reviews. Care plans were detailed and contained information on how staff could provide appropriate support in conjunction with people. Some care plans required more up-to-date information and reviews. There was a satisfactory complaints system in place.

The service was well-led. This had improved since our last inspection. There was a positive workplace culture and staff felt that management listened to what they had to say. The provider had improved methods to measure the safety and quality of care. The service had strong relationships with community stakeholders and was an active member of several organisations.

## 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.

People were protected from abuse and neglect.

People's risk assessments ensured that staff knew their care needs.

People and others were protected from risks associated with the equipment.

Infection prevention and control requires further improvement.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The building remained unsuitable for people with learning disabilities. A new house was under construction.

People were supported by staff who had the necessary knowledge, skills and training to care and support them.

People were protected from malnutrition and dehydration.

The service was compliant with the provisions of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

People had formed positive bonds with staff.

People were placed at the centre of all decision-making.

People's privacy and dignity was protected.

### Is the service responsive?

Good ●

The service was responsive.

Information was provided to people in a way they could understand it.

People's daily notes were improved by the inclusion of holistic information, such as feelings, emotions and social events.

Satisfactory care plans were in place, but some required reviews and transfer to the provider's own forms.

An appropriate complaints management system was in operation.

### **Is the service well-led?**

The service was well-led.

Risks to people and others were managed by the introduction of robust quality management systems.

There was a positive workplace culture at Mokattam.

The service complied with our conditions of registration.

The service had an active presence in the local community and worked in partnership with other agencies.

**Good** ●

# Mokattam

## 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.

Our inspection took place on 7 June 2018 and was announced.

Our inspection was completed by two adult social care inspectors 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.

We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also requested information from relatives, local authorities, clinical commissioning groups (CCGs) and other health or social care professionals. We checked records held by the Information Commissioner's Office (ICO), the Food Standards Agency (FSA) and the local fire inspectorate.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We attempted to communicate with five people who used the service. Staff members assisted us to communicate with people. We also spoke with three relatives and one person's friend.

We spoke with the provider's nominated individual, deputy head of regulated services and deputy manager. We also spoke with five care workers. We received written feedback from commissioners the local authority safeguarding team and the fire inspectorate. The registered manager was on leave at the time our inspection.

We looked at two people's care records, two staff personnel files, the medicines administration charts and

other records about the management of the service. After the inspection, we asked the nominated individual to send us further documentation and we received and reviewed this information. This evidence was included as part of our inspection.

## Is the service safe?

### Our findings

At our last inspection on 15 May 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider failed to assess risks to the health and safety of service users and do all that was reasonably practicable to mitigate any such risks. We issued a requirement notice to the provider. The provider was required to submit an action plan, which we received in June 2017. At this inspection, we consider the service has made satisfactory changes to ensure risks from the premises are assessed, documented and acted on. The service is now compliant with the requirements of Regulation 12.

There were records for routine premises checks. For example, the Legionella risk assessment dated 24 May 2017 showed the risk was "high". Pipework and showerheads were replaced, showers were descaled and the cold-water storage tank was disinfected. Three staff including the registered manager and deputy manager, attended Legionella awareness training. This ensured the risk of Legionella was better controlled. There were other records of equipment checks such as the electrical, gas safety and hoists. The provider's quality lead audited the premises and equipment, added requirements to an ongoing action plan and assigned tasks to staff to ensure premises risks were reduced.

At our last inspection, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to meet the people's needs. We issued a requirement notice to the provider. The provider was required to submit an action plan, which we received in June 2017. At this inspection, we consider the service has made satisfactory changes to ensure that there are sufficient staff deployed. The service is now compliant with the requirements of Regulation 12.

The service implemented a 'dependency tool' to measure the amount of care each person required per day. A person's dependency was measured against criteria such as hygiene needs, nutrition, activities and leisure time and health or wellbeing. The dependency scores were added together to inform the management about staffing levels. The registered manager told us about the staffing numbers for each shift. This matched the rotas. Agency staff were still deployed, although these were primarily longer-term bookings and the workers had come to know to people at Mokattam better. The registered manager was responsible for two of the provider's services, although their level of attendance at Mokattam was satisfactory. A deputy manager was employed to oversee day to day operations when the registered manager was at the other service or on leave. People's needs were attended to promptly and there were sufficient staff to ensure people's safety, whether inside the building or on trips into the community. Personnel files contained the necessary documentation and checks required by the relevant regulation.

At our last inspection, we recommended that the service review the safe management of medicines to ensure policy and procedure is in accordance with national best practice for care homes. The service took steps to improve the management of medicines. In January 2018, the provider's quality lead completed audits of medicines management. Actions for the staff and registered manager were set out clearly. For example, one requirement was, "Review medication files and standardise, adding content page for ease of

navigation." An update to the action plan on 30 April 2018 stated, "Spot-checked (the person's) health & medication file. Improved navigation, file contents page outlines where to find information." Other steps taken to improve medicines management included informing staff about safe practice at a meeting on 26 March 2018. Routine processes were in place for the overall management of medicines. This included staff training and competency checks, peer review of administration, local-level reviews and reporting and medicines incidents.

Two members of staff administered prescribed medicines after a person returned from the hospital. Both staff read the label on the box and both checked the record sheets. The medicines needed to be taken with food. One care worker agreed to cook and the other agreed to return the medicines. The key to the medicines box in the bedrooms was kept by the person, but they could not reach the box given the position on the wall. The care worker explained this was a way of respecting the person's right to be involved in their care. The staff member said, "(The person) needs to feel in control. We give her the key. However, she relies on us to be in control of times, dose and access the medication." We observed the care worker recorded the temperature of the box to ensure the medicines were stored safely.

People appeared to feel safe at the home. Care workers interacted frequently with people and were aware of where they were. All the care workers we spoke with told us they had undertaken training in safeguarding adults. Care workers could discuss when they might be concerned about a person, for example, "If they're agitated." They added that, "Some of the residents sign (use sign language). You can tell by their manner if they don't want to go somewhere." Staff we spoke with were aware of their responsibility to report and record concerns. A care worker told us that if, "I have noticed something of concern I would get the deputy manager to observe as well. We do body maps and all that." The provider's safeguarding policy was updated since our last inspection and there were no reports of abuse or neglect notified to us. The local authority confirmed there were no safeguarding cases. A care worker told us, when we asked about whistleblowing, "I wouldn't like to, but I would."

In discussion with one care worker, we talked about the public and how the staff responded to negative remarks or threats when people were out and about in the community. She reported that the immediate local area was quite safe and accepting of the service being situated in the residential area. The staff member said very occasionally encountered negative remarks whilst in the community and it is down to the staff to make their rational decisions as how to address the situation. This ensured people were safe when outside of Mokattam.

People's care documentation included risk assessments for falls, moving and handling and skin integrity (Waterlow assessment), if appropriate. We saw a choking risk assessment that stated, "high risk of choking, full supervision and support required." This ensured staff knew the person's risk before providing food or fluids. We also reviewed risk assessments for specific individual needs. We saw that the "risk management plan" for staff action in the event of a displaced gastrostomy (a feeding tube) could have included a more explicit statement for staff to call 999 in emergencies. We discussed this with senior staff, who were receptive of our feedback. The staff told us they would update the risk assessment.

Due to the age of the building, handwashing facilities were not in every area. However, we observed that hand sanitiser gel was available within the building. We saw that personal protective equipment such as plastic aprons and gloves were available. Staff used these when they provided personal care. Staff were responsible for cleaning all areas of the building. There was an infection control audit in March 2018 and staff completed infection prevention training.

Some of the tea towels in the kitchen were dried over grab rails. This was a possible source of contamination

and also made the grab rail unsafe. Medical records were then temporarily placed as a wedge between the wall, the grab rail with the tea towel as the padding to hold it in place. The service had not appointed an infection control champion and was not following the Department of Health's code for infection prevention and control. We pointed this out to the management team so they could act after our inspection.

Accidents and incidents were appropriately recorded and reviewed by the management team. A record of any actions taken was completed. A record of incidents was kept to demonstrate any themes or patterns. This data was also examined by the provider and compared against like-size services so any learning across the organisation could be used.

# Is the service effective?

## Our findings

At our last inspection on 15 May 2017 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because staff did not receive appropriate support, training, professional development and supervision to enable them to carry out their roles. We issued a requirement notice to the provider. The provider was required to submit an action plan, which we received in June 2017. At this inspection, we consider the service has made satisfactory changes to ensure staff receive appropriate support. The service is now compliant with the requirements of Regulation 18.

The amount of training and one-to-one meetings for staff had improved. Records associated with staff support were clearly organised and demonstrated the improvement in staff development. Staff completed mandatory training and updates including safeguarding, moving and handling, fire safety and infection control. Some training such as moving and handling was delivered face-to-face, so staff competency could be assessed. Training updates were completed regularly. Care workers told us they had completed mandatory training. When we asked an agency care worker if they had done training via their agency, they told us "Yes, the mandatory ones (topics)." A care worker told us they attended a supervision session in February 2018 with the registered manager, and that it was "due imminently".

The building remained unsuitable for people with learning disabilities. The reasons for this are outlined in our prior inspection report. At this inspection, we have considered that a new house was under construction that would provide a modern, purpose-built facility in the future. The projected date for people moving into the new house was February 2019 (subject to building completion). We viewed the floor plans and pictures of the building progress for the new house. The management team told us that consultation with people, families and other stakeholders was ongoing throughout the building works. This included some changes that were necessary when staff examined the structure of the building. The provider fed back their concerns to the builders to ensure that appropriate changes were made in time. Some people had visited the building site, to view where they would be living in 2019. At the time of our inspection, the current building is not suitably designed or adapted for people with learning disabilities.

We recommend that the provider keeps us regularly informed of progress in moving the service to the new building.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

At our last inspection, we recommended that the service set up a clear system to ensure that DoLS applications were made in a timely way, documentation was accessible to staff and that conditions of DoLS were always complied with. This had improved. The registered manager ensured all necessary paperwork was available, applications were made in a timely way and a 'tracker' was used to monitor when authorisations were to expire or new applications were needed. This was audited by the provider's quality lead in January 2018 and found to be compliant. Care workers we spoke with showed a good understanding of consent and we saw this in practice during our inspection. People were offered choices throughout the day. Staff told us they had completed training in the MCA. Staff we spoke with were aware people's DoLS. In the two care plans we reviewed, we saw that DoLS authorisations were easily accessible for care workers.

People received effective nutrition and hydration. One person demonstrated the 'food box' to us. The box contained a range of pictures of the foods served within the service, such as traditional English, Asian, and Italian dishes. There were whole dishes like chicken pie, chicken chow Mein, roast pork and single ingredients like broccoli, carrots and boiled potatoes. There were different cooking methods shown like stir-fry, boiling, baking along with home cooked and brought in foods. Most cards were clearly marked with single, double and triple exclamation marks, indicating meal texture, swallowing risks and potential food allergens. A balanced, varied menu was displayed on the wall, although staff explained people could have any meal they wanted, especially if they did not want what was planned.

One person told us that she liked a lot of the food and that she had favourites. Mealtimes during the week of our inspection were hampered by the oven breaking. A replacement was due at the end of the week. We observed people and staff agreeing on the evening meal being and the ingredients were purchased by a person and staff member who went out. Staff explained that they would encourage people to help prepare the vegetables for supper. One person went to a fast food restaurant for lunch and the keyworker explained this was a treat. We observed another person go to the cupboard and select some chocolate and take it to a staff member. The care worker checked it was his (people's individual items were labelled). She provided a small amount for him and he went away. Later the person returned and selected a pack of crisps and sought assistance from a staff member to open it.

Staff worked well together and with other organisations to ensure people received effective care. A relative we spoke with told us that they felt that the service had found the right the level of communication with the family. He did not need to know on a day to day basis that his son was going for regular check-ups. He said he just needed to know they were taking place. However, when his son become unwell quickly, the service's staff had in the past called him and kept him informed. He went on to give a further example, about his son involved in an accident. The service had contacted both parents straight away and they were able to go direct to the hospital. Throughout the person's recovery, the service had also kept in contact with the family.

Further examples of working well with others included positive relationships with the commissioners of the service and the local community team for people with learning disabilities (CTPLD). A police community support officer had visited the service to introduce themselves and explain to people and staff their role. A councillor from the local authority had also visited Mokattam to meet people and communicate with them.

Various professionals and agencies were involved in assessing, planning, implementing and evaluating people's care and treatment. In care plans, we saw that members of the CTPLD had been involved in people's support. We saw that professionals such as dietitians and a speech and language therapist were involved in assessing people's needs. We saw that a range of professionals from various agencies were involved in meeting the needs of one person whose health and care needs were complex. These included

various members of the CTPLD such as the physiotherapist and occupational therapist. The district nursing team was also involved. Day service staff were involved in assisting people with socialisation and provided assistance when people were at the centre. On the day of our inspection, a holistic therapist visited to provide care interventions for two people. These were reflexology (for two people) and back massage for a person.

## Is the service caring?

### Our findings

The people at Mokattam have lived together within the same house as a 'family' for a long period of time. Numerous long-standing staff members have provided care and supported those people for many years. The staff have observed people's progress and change during this period, and have clearly become an integral part of their life. These staff have developed close bonds with the people at Mokattam, and consider themselves 'friends' with people, rather than employed as care workers. This is evident in the observation of interactions between people and the staff. In a similar fashion, staff have also developed strong relationships with people's relatives and carers. This indicated Mokattam is a very caring service.

We observed that the service had a pleasant, warm atmosphere. People appeared relaxed and were comfortable with the care workers, who knew them well and were aware of their interests. A relative told us, "The family atmosphere is superb, the home environment it brings." They added that it was about, "knowing the individuals" the service cared for. They said, "It's fantastic. Permanent staff are superb, very caring." Another relative told us, "I can go away now and know that (the person) is well looked after. I can go away happy. I feel confident." A care worker told us "I treat people the way I want to be treated."

A person who stayed in hospital, returned to the service with their mother and sister during our inspection. They were clearly comfortable to be back amongst their friends at Mokattam. They passed over the hospital information to a care worker. Another care worker entered the room soon after and the person became tearful, as they were happy to see the staff member after returning to the service. They were smiling and happy with the two care workers.

There were a lot of small, intimate gestures between staff and people during our inspection. These indicated staff and people knew each other very well. These non-verbal cues by people for the toilet, a person's request for the television to be turned off, then later turned on and help with an apron string. During the morning, one person was visited by their friend. The visitor knew the person for her entire lifetime and regularly called in at Mokattam. She described the staff as, "Really amazing, really caring" and one of the care workers "as a diamond." The visitor said, "They (staff) really know and are very knowledgeable about the individuals in their care." The visitor went on to say they felt two of the care workers and the deputy manager were, "Highly valued by our families for the relationship and the care given."

In the entrance hall, there was a noticeboard showing photos of morning, afternoon and night shift staff. This was recently painted, as the staff noticed that there was some anxiety exhibited by people who did not know which workers would be on shift. The notice board was positioned in a communal area where people walked past frequently and was accessible. The permanent staff had their photographs placed in the areas where they were on shift. To develop this further, the regular agency staff could also have their photographs on the board and a sign to show an unknown agency staff was coming.

People were given the opportunity to be involved in the service. They were asked for their opinions and communicated their preferences to staff. For some people where communication was more difficult, staff knew preferences from information provided by relatives and documentation in the care folders. People,

their relatives and staff regularly met to discuss the operation of the service. We saw there were various meetings held; one in February and April 2018 where topics such as activities, day trips and the menu were discussed. This ensured people's inclusion in the decisions made for everyday support.

People's privacy and dignity was protected. Intimate personal care was completed behind closed doors and curtains were drawn. Staff knocked on people's doors before entering their bedroom. If the person was not in their bedroom, staff asked if they could enter, for example while delivering laundry or accessing the medicines. People were dressed appropriately and well-groomed.

Confidential information about people who used the service, staff and others was protected. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The General Data Protection Regulation requires every organisation that processes personal information to register with the ICO unless they are exempt. We found the service complied with the relevant legislative requirements for record keeping. Records were secured away when not in use. All confidential information was satisfactorily protected.

## Is the service responsive?

### Our findings

At our last inspection, we recommended that the service review the method of documenting people's daily care. This was because it was task-focussed and not person-centred. At this inspection, we found the records of people's daily care had improved. More detail about the person's day was included, which included their emotions and feelings, any concerns or issues and what they enjoyed. Although tasks such as people's personal hygiene, eating and drinking and moving and handling were included, these were appropriately noted and the focus of the notes was person-centred.

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. During our inspection, we gathered evidence about these five steps by examining documentation, talking to staff and people who used the service.

People's communication needs were assessed and where they required, alternative means of communication were considered and applied. A Makaton book was used as a support aid. Makaton is a form of sign language used with people who have learning disabilities. Staff had put the book together. This was shared with agency staff to help them. If the agency workers attended regularly they were encouraged to learn basic Makaton. We observed Makaton successfully used by both permanent and agency staff.

One person could tell us of an occasion when they were feeling unwell but unable to say how. The staff used visual cues, observing the person's symptoms such as pallor, the perspiration on the lips and narrowed the possible reasons for the person feeling unwell. Staff determined the person needed the toilet, and felt better afterwards. One staff member acknowledged that their external nursing studies was very helpful. They recalled an event that made them reflect upon just how useful the knowledge was in providing person-centred care and how often they were called upon to support staff to communicate with people who used the service.

People's independence was promoted and maintained. We observed a person being fed by a care worker. The person was unable to drink the last few sips from the cup she was using. We witnessed the kindness of the care worker supporting her to raise the cup end just enough to allow the liquid to be drunk whilst encouraging the person's independence. Later, at lunch time, we observed the same person assisted by another staff member in a similar method.

A staff member told us that the deputy manager "approves care plans". In care plans, we saw that review meetings had taken place with involvement of the person and their family. We saw "hospital information" for a person. This was designed for hospital staff in the event of hospital admission. It used a 'traffic lights' system. Essential information was marked red and included "Things you must know about me". People's care plans were comprehensive and we saw evidence of reviews. We examined two care plans. We saw care plans for specific individual needs, for example a person's epilepsy care plan. In another care plan we reviewed, we saw that a 'do not attempt cardiopulmonary resuscitation' order was in place. The order had

been discussed with relevant others.

We observed that some care plan information had been updated, for example a person's "going to bed" routine was in documentation from the new provider, and was due to be reviewed in May 2018, but was not completed. The "showering" and "morning routine" were in the name of the previous provider. We discussed this with senior staff, who explained that the process of changing care documentation was ongoing. Care plans included those for socialisation. People enjoyed various activities in the community. For example, the records showed a person spent an hour each week helping at a local charity shop. They told us about this and clearly enjoyed and valued this role.

One relative mentioned how well a care worker provided support to one person. They told us how, "... comfortable they were together." Another relative and friend spoke very highly about a person's relationships with the permanent staff and that it was, "...excellent and there was much praise" for two care workers. During the morning, a person changed their mind about the events they wanted to complete as part of their day. As the first change of mind happened, the staff confirmed the change and the reason why, and then discussed how this could be accommodated. Staff then adjusted their own work plan to ensure as the result of this change the person would have lunch at home, and not out as originally planned. The person later went out as planned. However, whilst out the person made it very clear they wanted to get back quickly, even though they liked shopping. Staff accommodated the person's fluctuating requests well.

In the afternoon, a person's planned GP visit was delayed by the surgery. The staff managed this via phone calls to and from the surgery. A member of staff offered to drive their own car to transport the person to the surgery, as there was a problem booking a taxi. The person constantly watched the passage to the main door and waited for the call to go. When the time to go came, they were very reluctant to go. The person made their feelings to staff very clear and wanted to stay in the service. Staff withdrew to a quiet area, rather than talk over the person, and discussed how to reassure the person. The person wanted to see us again before we finished the inspection. Staff spoke with us to discuss this, transported the person to the appointment, and ensured they were back in time to see us again before we left. Staff encouraged the person to sit with us at a table as we gave feedback. This was a very good example of responsive care by the staff.

In people's care folders, under the "guide for individuals who live at the service" there was a copy of "complaints information". This was written without the use of photographs or symbols. In the service however, there was an accessible 'easy-read' version. A relative said they were recently reminded how they could raise a complaint because of an issue they were concerned about. Another relative told us their family were aware of how to raise concerns. We checked the complaints log, including complaints received and how they the provider responded. Any concerns raised were appropriately documented and the registered manager and nominated individual used the provider's approved process for investigating and responding. Positive comments and feedback were also documented and stored.

A relative told us the service had assisted with preparation of person's end of life preferences and planning. They said the family ensured there was a will and trust in place and staff were aware of the preferences for the person's end of life. However, the service had not spoken to with the person yet regarding their end of life care plans, or sudden death.

## Is the service well-led?

### Our findings

At our last inspection on 15 May 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the service did not effectively assess, monitor and improve the quality and safety of the care and support provided. We issued a requirement notice to the provider. The provider was required to submit an action plan, which we received in June 2017. At this inspection, we consider the service has made satisfactory changes to ensure risks from the premises are assessed, documented and acted on. The service is now compliant with the requirements of Regulation 17.

There was increased vigilance by the management team and provider over the safety and quality of care at Mokattam. A more robust system of checks and audits was in place to identify strengths of the service and areas for improvement. This included more focus on the analysis of any higher risks people were subject to, either because of their individual needs or from other factors like the premises. Audits and checks were completed by a variety of staff, according to their knowledge and expertise in the matter. When shortfalls were found, actions were recorded to address the risks. Both the registered manager and nominated individual reviewed the audit results and checked with staff whether required actions were complete or ongoing. Some actions were responsibility delegated to other staff for completion. This ensured that the burden of monitoring and improving the quality of the service was team-orientated.

The nominated individual explained that the performance of the service was communicated to the provider at regular meetings and monthly reports. The provider's quality manager and nominated individual also completed independent checks of the service's quality and safety. There was a good working relationship between the registered manager and nominated individual. This ensured important information about the service was communicated effectively and appropriate actions were taken. The registered manager also had an effective working relationship with other staff at provider-level. The registered manager was then able to successfully liaise with other professionals, such as health and safety or human resources.

The service had developed a continuous action plan. This listed any required improvements in care or other processes and then rated them according to priority. The action plan detailed who was responsible for acting on each point, what the due date was and was signed off when steps were taken to address the risk. A historical record of all completed actions was also maintained. This meant that there was a contemporaneous, single list of actions for the entire service and ensured that actions were consistently recorded, reviewed and evaluated.

A relative told us that the deputy manager, "is great" but that "some increased management visibility wouldn't go amiss." The registered manager was responsible for two local services, and spent equal time at each location. Since our last inspection, the role of a deputy manager to support the registered manager was created and filled by an existing employee. The staff member provided positive feedback about their career progression. They felt their skills and commitment contributed to their promotion and were recognised by the provider. Upon commencement in their role, they also had a good existing relationship with other team members, people and their relatives. They felt this had helped in them continuing in the role. Another relative told us, "To support them (the people) you need good management." They told us they

felt there was better management at the service since our last inspection. A care worker told us that, "Lots of good things are in place now. They're (the management) obviously trying to make the best of what we've got here." Another care worker told us, "The (registered) manager and deputy manager are not always here." Both were "sometimes at the other service or meetings." This meant there were occasions where care workers were responsible for oversight of the service. Most staff described this as positive; a reassurance that they could make decisions autonomously. The management team were always on call if staff required advice or assistance.

The workplace culture at Mokattam was positive. Morale had increased since a stable management structure was embedded and there was more time since the change of service provider. Staff were positive and engaging with the inspection team. They explained they liked to work with the people who used the service. Staff also told us they had good relationships with people's friends and relatives. A small number of staff explained they wished that the continued staff vacancies would be filled. Whilst permanent staff worked well with agency workers, they felt that on occasions the agency staff could not perform the same tasks as them. This led to some shifts where the permanent staff member worked with agency staff and no other regular staff. We spoke with the nominated individual about this. They explained a list of strategies used to recruit new staff. The number of vacancies had decreased since our last inspection, although three care worker roles remained unfilled. We suggested some options for the provider to consider regarding recruitment. The nominated individual was receptive of our recommendations.

Information provided in the Provider Information Return (PIR) stated that the registered manager attended networking events with other professionals, including the Learning Disability Partnership Board meetings, QualityMatters workshops, Skills for Care workshop and safeguarding board reviews. The provider's "2020" strategy was distributed to all their services, and clearly displayed in the building and on their website. Goals included, "quality across the board", "engagement of customers (people who used the service)" and "being a good employer so staff can be the best they can." The new organisation mission and values were communicated during team meeting.

There was engagement with local community organisations to benefit people who used the service. This included attendance at the local day centre for people with learning disabilities, attending Mencap meetings, going to the "Allsorts" club (a social activity) and hydrotherapy.

The service was required to have a statement of purpose (SoP). A SoP documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. The SoP was available at the service for anyone to review, if requested. The nominated individual sent the SoP to us after the inspection. We found the SoP for the service contained all the necessary information and was up-to-date.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the nominated individual, they could explain the circumstances under which they would send statutory notifications to us. We checked our records prior to this inspection and saw that the service had submitted no notifications since our last inspection. We checked this at the service and found this was accurate. There were no events since the last inspection that required notifications.

Services are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment. It also sets out some specific requirements that services must follow when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and providing an apology (including in writing). The

service had an appropriate duty of candour policy in place which gave clear and specific instructions for management to follow when the duty of candour requirement was triggered by safety incidents. When we asked the management team, there were no notifiable safety incidents which triggered the duty of candour requirement. The registered manager had also completed duty of candour training since our last inspection. This ensured they had appropriate knowledge of responding to relevant safety incidents.

The provider had an up-to-date equality, diversity and human rights policy and procedure which staff were also aware of. This showed any person who used the service would be respected by staff regardless of their cultural, religious, or linguistic backgrounds. People's characteristics were actively protected by staff and the management team. The service had satisfactorily assessed and implemented the principles of equality, diversity and human rights in the provision of care and the daily operations.

The service's previous inspection rating was conspicuously displayed at the location and on the provider's website.