

229 Mitcham Lane Limited

# 229 Mitcham Lane

## Inspection report

229 Mitcham Lane  
Streatham  
London  
SW16 6PY  
Tel: 020 8677 3336

Date of inspection visit: 26 August 2015  
Date of publication: 07/10/2015

### 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 

### Overall summary

This inspection took place on 26 August 2015 and was unannounced. This was the first inspection of the service since its new registration with the CQC.

229 Mitcham Lane is a small care home providing accommodation for four African/Caribbean men with long term mental health problems. It is located in Streatham, South-West London. It is close to local amenities and has good transport links. It is one of four homes run by the provider.

There was a registered manager at the service. 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.

People using the service live in a single bedroom and share lounge, kitchen and bathroom facilities.

People using the service told us they liked living at the home and were not restricted from leaving the service. They told us they were able to approach staff, including the registered manager if they had any problems. Although there were no structured activities in place, people said they were free to do the things they liked.

# Summary of findings

They told us they helped staff to prepare meals and received their medicines on time. Regular resident meetings were held which were often chaired by people. People's concerns and complaints were explored during one to one sessions and during resident meetings. The provider followed up on issues to ensure they were resolved to people/s satisfaction.

Staff told us they worked well together as a team and the registered manager was supportive. They received regular training and supervision. They demonstrated a good understanding of the Mental Capacity Act (MCA) 2005. They were familiar with people's needs.

Care records, including risk assessments and support plans were reviewed regularly which helped to ensure they contained accurate information. Support plans were discussed with people using the service and their input was considered during reviews.

Regular audits took place of medicines, financial records and the environment. The director carried out regular visits to the service which helped to ensure there was good oversight of the service and to ensure that improvements were made where required.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe and staff were familiar with safeguarding procedures and had received safeguarding training.

There were enough staff to meet people's needs and no bank or agency staff were used, which meant that people were supported by staff who were familiar to them.

People told us they received their medicines on time.

Risk assessments for people and the environment were carried out which meant that potential risks could be mitigated against.

Good



### Is the service effective?

The service was effective. Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to help ensure that people's rights were protected.

Staff received regular training and supervision.

People's ongoing healthcare needs were met by the provider and they were able to access community healthcare services.

People's nutritional needs were met by the provider.

Good



### Is the service caring?

The service was caring. People were encouraged to maintain their independence.

Staff were familiar with people's preferences and people told us their privacy and dignity were respected.

We observed staff speaking to people in a caring manner.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed before they came to use the service.

Care plans were individual to people and were reviewed regularly to ensure they met people's needs.

People were able to access activities of their choice.

People told us they knew how to raise concerns and were given opportunities to do so via one to one and group meetings.

Good



### Is the service well-led?

The service was well-led. People told us the registered manager was approachable and listened to them.

Audits on medicines, financial records and environmental safety were completed and action taken to address any shortfalls identified.

Feedback was sought from healthcare professionals.

Good



# 229 Mitcham Lane

## 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 26 August 2015 and was unannounced. The inspection was carried out by an inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us

informing us of significant events that occurred at the service. The provider also submitted a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted health and social care professionals to ask their views about the service prior to the inspection. We spoke with one person using the service during our inspection, the others were out or were not willing to speak with us. We spoke with one staff member and the owner. We also observed interaction between staff and people using the service. We looked at three care records, four staff files and other records related to the management of the service including training records, audits and complaints.

# Is the service safe?

## Our findings

People using the service told us they felt safe living at the home and that staff treated them well. Staff were aware of what steps to take if they suspected a person using the service was at risk of abuse. They told us that people were safe living at the home. They said, "People are safe here" and "If we have any concerns we would speak to the manager, he is very approachable."

Safeguarding training had been delivered to staff and safeguarding posters and flowcharts were on display in the staff office so staff could refer to them if needed. Contact details for various agencies such as GP, pharmacy, missing persons, and the crisis team at the community mental health team were accessible to staff in case of an emergency.

We checked financial records of two people using the service and found that accurate records were maintained. We found that staff retained receipts for any money that was spent by people, for the purposes of auditing. Petty cash was kept in a secure location which was only accessible to the registered manager or shift manager.

There had been no safeguarding concerns in relation to the service reported to the local authority safeguarding team. Feedback that we received from health and social care professionals was that people were kept safe from abuse.

Robust recruitment checks for staff helped to keep people safe. Staff records included completed application forms, written references, proof of address, identity and criminal record checks.

We found that there were enough staff employed to meet people's needs. There were two staff on duty during the

day and one waking staff at night. No agency or bank staff were used by the provider, if cover was needed this was provided from other services managed by the provider. This meant that there was continuity of staff and people were supported by staff that were familiar to them. We looked at staff rotas for the previous two months and saw that staffing levels were as described by the staff.

People told us they received their medicines on time. People were supported to take their medicines by trained staff who had up to date medicines training. Medicines were stored safely in a locked cabinet and were checked and seen to be within expiry dates.

Each person had a medicines profile and medicines information sheets were available in some instances, which provided staff with information about medicines and their uses. Medicine administration records (MAR) were completed by staff. The medicines policy was on display for staff to refer to if needed.

Care records contained individual risk assessments that identified any particular risks that people may be susceptible to, for example aggression and self-neglect. Risk assessments identified tell-tale signs indicating when a person may be at risk and behaviours associated with the risk. This meant that staff were alerted to early indicators of the risk occurring and could therefore take steps to protect people from harm. Risk reviews took place on a regular basis which helped to ensure that accurate, up to date information was available to staff.

Environmental checks were undertaken to help ensure the home was safe for people to live in. These included weekly water temperature checks and regular servicing of the fire alarms and fire extinguishers.

# Is the service effective?

## Our findings

People were supported by staff who had the skills and knowledge to meet their needs effectively. Staff told us they attended regular training and felt they were provided with the skills and resources to support people.

Training records showed that mandatory refresher training had been delivered to staff; this covered a number of areas including health and safety, fire safety, first aid, infection control and safeguarding. In addition, staff were provided with training and resources that meant they were able to support people with mental health needs. Current certificates were seen for Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), medicines, and challenging behaviour training. Staff were encouraged by the registered manager to pursue nationally recognised qualifications in health and social care.

One to one staff supervision sessions were held every two months and followed a set format where staff were given the opportunity to discuss topics such as work contentment, performance, training and development, people using the service and key worker needs.

People told us they were able to leave the home without restriction and did not need supervision whilst out in the community, which was confirmed by staff. Staff demonstrated that they knew the purpose of the MCA 2005 and DoLS and how it could be implemented to protect the rights of people who did not have the capacity to understand decisions related to their care. No applications had been submitted to deprive people of their liberty because none were required.

Staff told us that people using the service were able to make their own decisions about how they wanted to live their life. People were asked for their consent when it came

to decision making for issues that affected them. For example, people were asked to give their opinions about meal choices at the home. Care plans reviews took place in the presence of people and were discussed with them.

Staff said they supported people to make informed choices and said they respected their decisions. Resident meetings were often chaired by residents which demonstrated that they were given autonomy and responsibility to raise and discuss issues about aspects of the day to day management of the home themselves.

People had their ongoing health needs met and were given support if they needed to make appointments to see healthcare professionals such as GPs, opticians and dentists. People told us they were able to see their GP and records of appointments were recorded in diaries and people's care records. There was evidence that people had regular psychiatric reviews for their mental health. People's weights and blood pressure were monitored regularly and action was taken if needed. Some people that had been diagnosed with diabetes had their blood sugar level regularly monitored and were supported to manage their diabetes by the community diabetic nurse.

People told us the food at the home was nice and they enjoyed it. They were involved in menu planning and met weekly to discuss what they wanted to eat for the upcoming week. They made their own breakfast and assisted staff during lunch. We observed this to be the case during our inspection. Staff told us that people were given mainly ready meals for dinner.

Staff completed records detailing what people had eaten for their meals. Food and snacks were available for people to help themselves during the day. Fridge and freezer temperatures were taken daily to ensure that food was stored at the correct temperature.

## Is the service caring?

### Our findings

People told us that staff treated them well and that they liked them. Many of the staff that worked at the service, including the registered manager had been employed for a number of years. This meant they were able to establish good relationships with people and get to know their routines and habits. We observed interaction between staff and people using the service and saw that they were comfortable in each other's company. Staff spoke with people in a friendly manner.

People's cultural needs were met by the provider. All the people living at the home were of afro-Caribbean background as were the staff and chef employed by the service. This meant that people were provided with food to their liking and their other cultural needs were met.

People said that staff respected their right to privacy and dignity. They were able to personalise their bedrooms and told us that staff did not enter their rooms without permission.

Staff were familiar with people's level of independence and which areas they required the most support. These were recorded in support plans and reviewed regularly by the registered manager. People's independence was promoted by encouraging them to take responsibility for maintaining their bedrooms and to assist with meal preparation and cooking. Residents meetings were held regularly and gave people an opportunity to discuss issues from activities, menus, and the home environment. These were often chaired by a person using the service which was a further indication that they were encouraged to participate in the running of the service.

# Is the service responsive?

## Our findings

We found that the service was responsive to the individual needs of people. We saw a pre-admission assessment that had been completed for one person using the service who had recently come to live there. This considered the person's mental health needs and what level of support they required

Care plans were individual to the specific needs of people using the service. They covered a number of areas in which they needed support including personal care, medicines, family contact and refusing health checks. Each care plan had an identified goal and an action plan so that staff could support the individual to achieve that goal.

Care plan reviews were held monthly and there was evidence that people using the service took part in these. The registered manager discussed each of the care plans and recorded any changes to the support that was required.

Daily progress reports providing a summary of people's care and any concerns over a daily period were completed by both day and night staff. These gave an overview of people's support needs in terms of what activities they did. People also had the opportunity to discuss aspects of their care through regular one to one sessions with either their key worker or the registered manager.

There was a daily activities timetable on display in the staff office giving details of how people spent their day. Staff said that people were free to do activities of their choice and there was no set timetable of structured activities that people took part in. One person attended a community project whereas staff told us the others spent the majority of their time going to the local shops, going to appointments and helping staff with shopping for the home.

People using the service told us if they were unhappy they would speak with the registered manager. A complaints book was kept at the home and we saw that there had been no formal complaints about the service from people, their relatives or other professionals. There was a complaints policy on display in the staff office which gave contacts details for the CQC.

The provider facilitated ways in which people could raise concerns if they were unhappy with any aspects of the service, including through one to sessions and also group meetings. It was evident when we reviewed these records that where people had raised any concerns these were looked into by staff and resolved.

# Is the service well-led?

## Our findings

People using the service and staff told us that the registered manager was approachable, friendly and very hands on in his approach. Staff told us they felt well supported by him and confident in his abilities. They said they would not hesitate to raise any concerns if they were witness to something that concerned them. Health professionals that we contacted also commented on the professionalism and knowledge of the registered manager. The registered manager had been in post since the home had opened.

Monthly staff meetings were held and these provided staff with an opportunity to discuss a range of topics including issues related to the service but also any relevant social care news. We saw evidence that discussions were held around the Care Act 2014 and its impact on the service, the new regulatory CQC approach and what staff felt was meant by a 'person-centred approach'. There were also a number of resources available to staff to refer to, providing a range of information about mental health and other relevant topics so that people's needs could be met

effectively. This demonstrated that the provider took steps to ensure its' staff were provided with up to date care industry information and how this could affect people using the service. Handovers took place between day and night shifts where staff completed a handover book with details of any significant events.

A number of audits were completed by staff to monitor the quality of service. These included medicines audits to help ensure medicines management at the home was appropriate, audits of people's finances to minimise the risk of abuse taking place, environmental checks on fridges and water temperatures to help ensure the environment was safe for people.

The director carried out quality monitoring checks to ensure people received a good level of care and support. These included checking care plans, staff training and visual checks of the environment.

The provider also attempted to carry out monitoring through feedback questionnaires given to visiting professionals, although we noted that the response rate was poor.