

229 Mitcham Lane Limited

# 229 Mitcham Lane Limited - 99 Sunnyhill Road

## Inspection report

99 Sunnyhill Road  
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Date of inspection visit: 16 December 2015  
Date of publication: 01/02/2016

### 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 unannounced inspection took place on 16 December 2015. 229 Mitcham Lane Limited - 99 Sunnyhill Road provides personal care and accommodation for up to five people with mental health needs. Five people were using the service at the time of the inspection.

The service has a registered manager who has been in post since 2010. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

The previous inspection of the service took place on 24 June 2014. The service met all the regulations we checked at that time.

# Summary of findings

People received safe care and support. Staff had identified risks to people's health and safety. There were up to date support plans in place to keep people as safe as possible. Staff followed guidance about how to support people safely. People were supported to receive their medicines safely as prescribed.

Staff understood the different types of abuse and neglect which could happen to people and their responsibility to report any concerns to protect them from harm. There were sufficient staff on duty to meet people's care and support needs.

Staff had the skills and knowledge to support people with their mental health needs. Staff felt supported in their roles. Staff supported people to develop their daily living skills and encouraged them to be as independent as possible. People enjoyed the food provided in the service. The service worked in partnership with healthcare professionals to ensure people received appropriate care and treatment to promote their physical and mental well-being.

Staff knew people well and treated them with respect. People told us staff were kind and caring. Staff were respectful of people's dignity and privacy. Staff asked people how they wanted to be supported and cared for.

Staff assessed people's needs before they started to use the service. Staff regularly reviewed people's needs and the support they required. Staff had put in place support plans which promoted people's mental health and reflected their choices and preferences.

People were asked for their views of the service and their feedback was used to make improvements. People knew how to make a complaint and felt confident to raise any concern with the registered manager and staff.

Staff understood their role in supporting people with their needs. Regular checks were undertaken on the quality of the service and improvements were made if necessary.

# 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. Staff understood how to keep people safe from harm. Risks to people were assessed and managed appropriately.

Sufficient staff were available on duty to meet people's needs. People received their medicines safely as prescribed.

Good



### Is the service effective?

The service was effective. Staff received training and support to meet people's mental health needs.

People consented to the support and care they received. People had nutritious food which they enjoyed. People had access to the healthcare they needed.

People were supported in line with the principles of the Mental Capacity Act (MCA) and the requirements of Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring. People told us staff were kind and polite. Staff respected people's dignity and privacy.

People were involved in planning for their support and care. Staff supported people to maintain relationships with their friends and family.

Good



### Is the service responsive?

The service was responsive. Staff assessed people's needs and had support plans on how to effectively deliver their care. People received their care and support as planned.

People's views were taken into account. People were supported to pursue their interests and take part in activities which they enjoyed.

The registered manager investigated and responded to complaints.

Good



### Is the service well-led?

The service was well-led. People told us the registered manager was approachable and involved in the day to day operation of the service.

There was open communication with people, staff and health professionals. Checks were made on the quality of the service.

Good



# 229 Mitcham Lane Limited - 99 Sunnyhill Road

## 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 checked 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 unannounced inspection took place on 16 December 2015 and was carried out by one inspector. Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people using the service, three members of staff and a director who was visiting the service. We looked at records the service is required to maintain in relation to all aspects of care provided including complaints and safeguarding incidents. We reviewed five care records and five medicines administration records (MAR) charts. We viewed five records relating to staff including training, supervision, appraisals and duty rotas. We looked at monitoring reports on the quality of the service. We made general observations of the care and support people received at the service.

After the inspection we spoke with a care coordinator and a community psychiatric nurse about their views of the service.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person told us, "I am in a better place than I have been in a long time. I feel secure living here". Another person told us, "Staff make me feel safe. They always lookout for me". A relative told us, "Staff do their best to keep people safe".

Staff understood the different types of abuse and neglect and knew how to protect people from harm. Staff understood their responsibility to report any concerns to the registered manager to ensure action was taken to protect people. Staff told us they would 'whistle blow' if their concerns when not addressed through the organisation's safeguarding procedures. People were supported to manage their money and had access to it when needed. Staff kept a record of people's cash withdrawals and expenses and followed the service's money handling procedures to prevent risk of misuse. Records showed staff advised people how to keep their money safe.

People received the support they needed with their medicines. One person told us, "I need my medicines to get better. Staff help me to take them". Medicines were stored securely and managed safely to reduce the risk of misuse. Staff understood people's medicines. Regular checks were made to ensure people had received their medicines safely. Checks of medicines administration record (MAR) charts showed they were fully and accurately completed. People had consistently received their medicines at the correct time and in right dosage.

People were safe because risks to people's health and safety were identified and managed appropriately. Plans were in place to guide staff on how they should provide support to people whilst keeping them as safe as possible. Risk assessments covered areas such as self-harm and self-neglect. For example, a person's support needs stated they were at risk as they did not always maintain their personal hygiene due to changes in their mental health condition. Support plans were put in place for staff to be alert to signs of self-neglect and about how the person should be supported safely.

People were kept safe as staff understood what action to take to reduce the risk of harm when people behaved in a way that challenged the service and others. Staff were aware of situations and issues that could trigger people to become distressed. For example, one person preferred to spend time alone. Risk assessments showed how staff were to support the person appropriately to calm their mood.

People and staff knew what action to take in the event of a fire to keep safe. The service regularly practiced emergency drills to ensure people knew how to evacuate the building in case of fire or any other emergency. Staff ensured people used designated smoking areas to prevent the risk of starting fires at the service.

There were sufficient staff on duty to meet people's needs safely. Staff numbers were varied to ensure people had the support they required to attend appointments and go out into the community. Rotas confirmed absences and sickness were covered.

# Is the service effective?

## Our findings

People told us they received the support and care they needed. One person told us, “Staff are good at their work”. A relative told us, “They look after [relative] well. I have no concerns at all”. Another relative said, “The staff keep us to date if they have any worries”.

People were supported by staff with the necessary skills and knowledge to undertake their role. A member of staff told us, “We can ask to attend special courses if we feel it improves the way we support people”. Staff had received relevant training and guidance which enabled them to effectively support people with mental health needs. Staff had received specialist training about understanding and supporting people with mental health conditions. Staff had received further training from the mental health team about working with people whose behaviour challenged the service and others. A member of staff told us, “The courses have given me the confidence and knowledge required to understand and support people with their individual needs”.

Staff were supported to carry out their roles and responsibilities. The registered manager ensured all staff had regular supervision and appraisals. Records confirmed the supervision sessions held and showed staff had discussed how best to support people and address any concerns they had. Annual appraisal records showed areas of development for staff and the training needs they required to develop their skills and knowledge. The registered manager had ensured people received support from staff with appropriate skills and knowledge.

Records showed staff had attended relevant and ‘refresher’ courses which ensured they had up to date skills and knowledge to effectively support people. Courses included safeguarding, infection control and medicines management.

All staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff told us they knew the circumstances in which a DoLS application should be made to the local authority.

Staff supported people in line with the principles of the Mental Capacity Act (MCA) 2005. The service had ensured people’s mental capacity was assessed as appropriate by the mental health professionals. At the time of the inspection no-one was subject to DoLS.

One person told us, “This is my home. I decide on how I spend my time. I can come and go as I wish”. Staff told us they promoted people’s rights and asked people for their consent to their care and support. People and records confirmed they had consented to the care they received such as being supported with a shower.

People told us they enjoyed the meals they received in the service. One person told us, “The meals are delicious”. People told us staff supported them to prepare the type of food they liked. Another person told us, “I enjoy preparing my favourite meal”. Records showed staff supported and encouraged people to plan for healthy eating, to purchase the food they wanted and prepare it. Records showed the support each person required and had received from staff with their meal preparation. We saw people prepare their own drinks and meals. Fresh fruit and snacks were available in the service.

People were supported with their health needs. People had access to their GP to ensure they received support for their general well-being. Records showed staff supported people using their individual recovery support plans to ensure their mental health needs were addressed. Records showed staff monitored people’s health and understood the signs that a person’s mental health was changing. We saw staff had taken appropriate action and had contacted the mental health team when a person had shown signs of some decline in their mental health. Care records showed staff sought advice from healthcare professionals if they had concerns about a person’s mental health needs and received guidance on how to support them appropriately. Records showed staff had followed the advice given which ensured people received the appropriate support they required.

Staff had ensured people kept their appointments with mental health professionals for check- ups. Records showed people’s relatives also supported them to attend hospital appointments.

# Is the service caring?

## Our findings

People told us they were treated with kindness and compassion. One person told us, “Staff are caring and thoughtful”. Another person said, “I am really happy here. This is my home”. A relative told us, “[Person] has never been this happy since they moved here”. During the inspection we saw staff greeted each person by name and spoke pleasantly.

People had developed positive relationship with the staff who supported them. One person told us, “Staff know when things are not ok with me”. A relative told us, “Staff have a way of working with people in the service. [Person] will go to staff and discuss any issues about their life”. A care coordinator told us, “Staff make effort to understand people and meet their needs in a caring way”. Care records showed staff involved people and supported them with their recovery plans.

Staff knew people’s preferences and interests and supported them in line with them. Staff told us they used their knowledge of people’s background and mental health

to offer appropriate support which assisted them in their recovery. Staff offered people choices and encouraged them to make decisions in relation to daily activities such as on how they wanted to spend their day.

People told us their privacy and dignity was respected. One person told us, “Staff are polite and will not come into my room without asking”. We observed staff knock on people’s doors before entering. Staff told us they respected people’s privacy but ensured they were nearby to maintain their safety, for example if they were at risk of self-harm.

Staff supported people maintain relationships with their relatives and friends. One person told us they were supported to arrange to visit people who were important to them.

Staff supported people to be as independent as possible. For example, one person’s care record stated, “Encourage to clean room and tidy wardrobe to maintain their self-esteem”. Another person’s care plan stated, “I may at times ask for support with my laundry”. Records showed staff reminded people about the tasks they needed to do and spent time encouraging them to give them confidence.

# Is the service responsive?

## Our findings

People received support which met their individual needs. Assessments were carried out to identify people's needs and the support they required. People had spent a day visiting the service which enabled staff to assess the service was able to meet their needs. Staff had met with people and healthcare professionals who had worked with them prior to them using the service and discussed their needs and preferences. Records showed information about people's life history, physical and mental health condition.

Care plans were regularly reviewed to ensure they were up to date and when required changes were made. Staff had regular monthly meetings with each person to review their progress towards their personal development goals. Records showed staff had discussed with people about the skills they were developing and their relationships with staff and other people in the service. Staff had agreed with people on actions they needed to take and updated support plans with information about how they should support them to meet their needs.

Records contained information about how staff should meet people's individual needs. For example, a person's support plan stated how staff supported the person to develop their self-esteem. People were encouraged to be as independent as possible and undertake roles that promoted their personal hygiene and well-being. For example, people had made out rotas for cleaning their rooms, laundry and shopping. Staff supported people with planning and budgeting skills. Staff had worked with people to identify their goals and supported them to develop in relation towards independent living. For example, people were encouraged to plan a menu and purchase the food. One person told us they were confident in their planning and cooking skills as they prepared meals for people in the service.

Staff were well informed about any changes to people's health needs and had up to date information about the care and support they needed. Care records showed the support people had received. Staff kept up to date information on people's mental health and physical well-being. Records showed how people spent their time in and out of the service, their level of interaction with other people and staff, what they had eaten and their sleep patterns.

The registered manager ensured staff took immediate action to address any changes in people's needs and health. For example, staff had reported a concern with a person's mood changes. The service had organised an emergency appointment with the person's GP on the same day.

Records showed staff shared information at start of shifts about people and any changes to their health or the support they required. Staff had kept the registered manager aware of significant changes to people's health to ensure they received appropriate guidance.

Staff knew people's likes and dislikes and supported them to develop their interests and skills. For example, staff had worked with people and their healthcare professionals to identify goals such as going to college to learn new skills. Records showed staff had supported a person identify a college and enrol.

Staff had supported people to take part in community activities which they enjoyed. The service had developed links with the local community which enhanced people's sense of well-being and improved their quality of life. For example, staff supported people to visit the local library, hairdresser's and go to church.

People, their relatives and healthcare professionals were asked for their views about the service. We read questionnaires, comment/compliment cards and visitors book which were completed in the service. We read positive feedback which showed people were happy with the quality of the care and service they received.

People and their relatives were asked for their feedback on the service at regular meetings. We saw a record of a meeting held with people showed they were asked for their views about activities at the service. People told us their views had been considered.

People told us they knew how to use the service's complaint procedure to raise a concern. They told us they were given information when they started using the service and that they could talk to the manager at any time when they had a concern. People were confident the manager would listen and address their concern. The registered manager had sent a written response to a person's relative who had made a complaint and responded appropriately. The registered manager had discussed with staff the complaint and the lessons learnt from the incident.

# Is the service well-led?

## Our findings

People and their relatives told us the registered manager was friendly and approachable. They spoke highly of the registered manager and the service. One person told us, “The manager is available at any time to listen if I have a problem”. A relative said, “The manager is hands on and makes sure [relative] is well supported”.

There was a registered manager who has been in post since 2005. The service had submitted statutory notifications to CQC as required.

Staff told us there was a positive and empowering culture in the service which motivated them to meet people’s needs. They said the registered manager was open to ideas and valued their contributions. Staff received support from the registered manager through daily communication. Regular staff meetings showed they discussed best practice in supporting people and how to maintain good team work. Staff told us the provider was involved and provided all the support they required.

The registered manager had asked people and their relatives about their views of the service at quarterly meetings. Records showed the registered manager had taken into account their views and acted on them. For example, changes were made to meal preparation arrangements in the service as suggested from the feedback. People were happy with the changes.

The registered manager undertook checks on the quality of the service and made improvements where necessary. For example, the registered manager had reviewed staff record keeping of daily reports on the delivery of people’s care and support. The registered manager had taken action to improve how staff completed daily records. Staff had received further training on record keeping to ensure their work was satisfactory.

The registered manager carried out regular medicines management audits. The service needed to strengthen its medicines audit policy to identify failures and eliminate any medicines errors. For example, the registered manager had not ensured there was a complete documented audit trail from receipt through to administration and/or disposal of all medicines. There were no errors noted in our inspection with the medicines audit. However, staff needed sufficient guidance on how to carry out effective medicines checks. The director told us during our inspection the service was in the process of updating their policies and making them robust.

The registered manager took action to ensure people received appropriate care. The registered manager recorded and monitored incidents and accidents in the service. Records showed plans were put in place to minimise recurrence of incidents. Staff followed the organisation’s procedures in recording and reporting of incidents and accidents.