

Sunrise Mental Health Ltd

Elmdene

Inspection report

44 Elmdene Road
London
SE18 6UB

Date of inspection visit:
08 March 2018

Date of publication:
17 April 2018

Ratings

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

Summary of findings

Overall summary

This unannounced inspection of Elmdene Care Home took place on 8 March 2018. Elmdene is a 'care home' for adults with mental health problems. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Elmdene care home accommodates five people in one adapted building.

At the last inspection of Elmdene on 25 October 2015, the service was rated Good overall, although, we found that robust checks were not always completed around recruitment of staff. We asked the provider to comply with this requirement. At this inspection we found the service had made the required improvement and their rating remained Good.

There was no registered manager in post. The provider was in the process of registering to become the registered manager. 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.

Staff employed at the service had undergone thorough checks to ensure they were fit to work with people. Staff and the provider were committed to protecting people from abuse. Staff were trained in safeguarding people from abuse and demonstrated that they understood the signs of abuse and how to report any concerns in line with the provider's procedures. There were sufficient numbers of staff to support people at the service. Risks were assessed and management plans were developed to mitigate any risks identified. Staff followed risk management plans for people.

People's needs were assessed with involvement of relevant professionals where required to ensure their needs were met. Support plans focused on meeting people's individual needs and goals. People were supported to learn new skills, develop their interest, become independent; and move-on to independent living. People were supported to do the things they enjoyed and gain meaningful and paid occupation. Regular reviews took place to ensure support delivered to people continued to meet their needs.

People's medicines were managed and stored in a safe way. Health and safety of the environment was maintained. Staff followed good infection control procedures. Staff reported incidents. The provider reviewed and took actions to prevent them from happening again. Lessons were shared with staff.

Staff were trained, supervised and had the skills and knowledge to meet people's needs. People's nutritional and dietary needs were met. People were encouraged to cook for themselves. Staff worked effectively with health and social care professionals to attain positive outcomes for people. People had access to healthcare services to maintain good health. The service had systems in place to enable smooth transition when people moved between services. There were suitable facilities and adaptations available for people to use.

People were supported 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 understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People knew how to make a complaint if they were unhappy with the service. The provider investigated complaints in line with their procedure.

Staff understood people's needs and treated them with respect, kindness and dignity. Staff supported people to express their views and people were involved in planning their care and support. People were supported to maintain their religious and cultural values.

Staff received the support, direction and leadership they needed. There were systems in place to monitor and assess the quality of service provided. The service worked in partnership with external organisations to develop and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The risks to people were assessed and actions put in place to ensure they were managed appropriately.

Staff understood how to recognise abuse and how to report concerns following the organisation's procedures.

There were sufficient number of staff on duty to meet people's needs.

People received their medicines safely. The home was clean and infection control procedure was followed.

Lessons were learned from incidents and when things go wrong.

Good 

Is the service effective?

The service was effective. People's care and support needs were assessed and staff received training, support and supervision to appropriately support people with their needs.

People gave consent to the care and support they received before they were delivered. The service knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to food and drink of their choice and were supported to eat a healthy diet.

People were supported to access healthcare services to meet their needs. The service ensured people had a well coordinated care and support.

People had facilities they needed. They had their individual rooms and spaces to relax.

Good 

Is the service caring?

The service was caring. People were treated with dignity and their privacy was respected by staff. Staff showed compassion and care in the way they attended to people.

Good 

Staff understood the needs of people and how to support them. People were involved in planning their care and support and their wishes respected.

People were encouraged and supported to maintain their independence.

Is the service responsive?

The service was responsive. The service met people's individual needs and requirements; and recover from their conditions. People were supported to develop new skills for daily living, and gain meaningful occupation. People were supported to move on to independent living services.

People engaged in activities they enjoyed and stimulating to them.

People knew how to complain if they were unhappy the service.

Good ●

Is the service well-led?

The service was well led. People and staff told us that the provider was approachable and open to new ideas. Staff felt well supported and involved in running the service.

There were systems in place to monitor and assess the quality of service provided.

The service worked in partnership with other agencies and community services to provide an effective service to people.

Good ●

Elmdene

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 8 March 2018 and was carried out by one inspector and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 also reviewed information we had received about the service which included notifications from the provider about incidents at the service. We used this information to plan the inspection.

During the inspection we spoke with four people, one support worker, the recovery manager, operations manager and provider. We observed how staff supported and interacted with people. We looked at four people's care records, the medicines administration records (MAR) for one person, three staff files and records relating to the management of the service such as health and safety and quality assurance systems.

After our inspection, we spoke with one support worker and we received feedback from a member of the community mental health team involved with the service. We also received the quality monitoring report from a local authority commissioning team.

Is the service safe?

Our findings

At our last inspection of October 2015, we found that the provider did not always ensure staff employed had undergone robust checks. At this inspection, we found that staff recruited to work at the service were suitable to do so. The provider obtained each applicant's full employment history including explanation for any period of unemployment. Satisfactory references, criminal records, proof of address and identity; and right to work in the UK were also checked.

People told us they felt safe living at the service. One person said, "I always feel safe when staff are supporting me." Another person told us, "Oh yeah, yeah no problems about feeling bad or unsafe here. I do not feel threatened by any of the staff."

Staff knew how to report abuse or concerns. They described the various forms of abuse and signs which would help recognise them. One member of staff told us, "If I suspect abuse I will report to the recovery manager and then to the deputy manager, then to the provider. If nothing is done about it, I will take it to CQC." Staff told us that the provider did not tolerate any form of abuse and any concerns raised would be investigated appropriately. Staff knew the procedure to 'whistle-blow'. They said they would instigate the procedure if necessary to protect people. The provider had acted in accordance with their procedure in addressing allegations of abuse. They had alerted the local authority's safeguarding team, notified CQC; investigated and taken actions to safeguard people.

The provider took proactive steps to protect people from putting themselves in danger and abusive situations. The provider had prevented a potential serious abuse from occurring by finding ways to gather evidence and then involving the police promptly. This intervention prevented a potential serious abuse from taking place. They also offered support and opportunity to the person to talk about the incident in an open and non-judgemental way with the view of learning from it. This helped them recover and learn lessons from it.

People continued to receive the support they required to reduce any risk to their health and well-being. The service conducted assessment to identify risks to people's physical health and mental health. They explored behaviours and activities that may put people at risk. Detailed plans were put in place to manage any risks identified. Records showed that professionals from the community mental health teams, such as psychiatrists, had been involved in developing management plans for people to reduce deterioration in their mental health. Triggers to people's mental health conditions, signs of relapse and actions for staff to take were stated in the management plans. Staff we spoke with understood what to do if a person was at risk. Staff told us they had the support of the provider, manager and the community mental health team to respond to emergency situations promptly.

We reviewed a management plan for one person whose behaviour challenged staff and others. Their management plan included the signs staff needed to look for and steps to follow to prevent or deescalate the behaviour before it heightened. The plan included giving the person reassurance and space, talking to them about their concerns, engaging them in activities and reminding of the consequences of the

behaviour. Progress reports also showed that staff followed the plans and supported people in line with them.

The service continued to ensure that the environment, premises and equipment were safe for people. They carried out risk assessments of the environment in areas such as fire, gas safety, infection control, water and electricity. Health and safety equipment was checked and serviced regularly by professional contractors. Staff also conducted regular health and safety checks of the environment including testing of the fire prevention systems.

People's medicines were managed safely. All staff were trained in the safe management of medicines. The provider had a medicines management procedure available. People were supported to self-administer their medicines. Risk assessment was completed and management plan developed to ensure people did this in a safe way. At the time of our inspection, four people were self-administering their medicines. Staff monitored and audited people's medicines and if staff noticed any concerns, they reviewed the risk involved in the person's ability to self-administer their medicines.

We checked Medicines Administration Records (MAR) for the person who received support from staff to manage their medicines and it was accurately signed and fully completed.

Medicines were safely stored. Each person had a locked cabinet in the office where their medicines were kept securely. Staff gave people access to their cabinet when needed. Medicines were organised neatly and clearly labelled. Staff knew actions to take if there was a medicine error. They told us they would contact the provider, GP and pharmacist for advice.

The service retained a staffing level sufficient to meet the needs of people. People told us there was at least one member of staff available during the day and night to support them if needed. Staff we spoke with expressed no concern with the number of them on duty to support people. One member of staff said, "We are enough on each shift. The managers are always on-call if we need extra support." The rota showed that all shifts were covered with regular staff to ensure consistency. The provider told us that they provided additional staff if required based on the needs of people, or if people had appointments.

The service had adequate systems to reduce the risk of infection. There were hand washing facilities available. Staff had received training in infection control and food hygiene. They knew to use personal protective equipment (PPE) where required, such as gloves. Staff followed safe handling and storage procedures and supported people to do the same. The service was clean and well maintained.

The service maintained record of incidents and accidents. The provider reviewed these and considered ways to prevent them from happening again. For example, following a fire incident, the provider had updated the risk assessment of the person involved, ensured there were frequent checks to the person's room and involved the fire brigade for advice. Handover and team meetings were used to discuss incidents and actions or lessons learned.

Is the service effective?

Our findings

The service conducted comprehensive assessment of people's needs before they started using the service. Needs assessments covered people's physical and mental health; social, employment and activities of daily living. Other services and professionals were involved where necessary to examine people's needs and how they could be met. Assessments were also completed for people by the mental health team under the Care Programme Approach (CPA). CPA is the programme of support offered to people with mental health issues. It examines what support people need, goals and how to meet these. CPA reviews took place bi-annually or when required with people's consultants and care coordinator.

People remained supported by staff that were trained to be effective in their roles. One person commented, "Yes they [staff] are trained. They look after us alright." Another person stated, "Yes I think staff are trained. The new staff appear comfortable in their posts." Staff told us and records confirmed that they had completed an induction when they first started work; and various training topics specific to the needs of people they supported. The recovery manager who was new in their role told us they had a good induction from the provider. They said the provider explained the aims and objectives of the job. Records seen confirmed that staff had received training such as safeguarding, mental health awareness, Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and other training specific to the needs of people using the service for example, dealing with challenging behaviour. The provider explained that they used team meetings to share learning and reflect on their practice on an on-going basis.

Staff told us and records showed that they continued to be supported through regular one to one supervisions. Notes of these sessions showed discussions about support people received, team issues and working with professionals. Any performance concerns were also addressed. Appraisals were conducted annually. Staff told us they felt able to discuss any matter of concern with any of the managers and the provider.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

People told us staff always sought their consent before supporting them. We observed people had freedom to go out and return as they wished. People's decisions about their care and support were respected. Staff and the provider understood their responsibilities in relation to Deprivation of Liberty safeguards (DoLS) and MCA. At the time of our visit, no person was subjected under DoLS.

People's nutritional needs were met. The service provided food, drinks, fresh fruits and snacks so people could help themselves as they wished. People prepared their meals themselves as part of their rehabilitation programme. We observed people helping themselves to hot drinks, sandwiches and food they had prepared. Staff offered support and advice to people as required to ensure they had healthy balanced diets.

The service ensured people received well-co-ordinated support across different services. A range of services were involved in people's care such as the community mental health team (CMHT) and substance misuse services. Staff liaised with these services to ensure people's mental health needs were met. Staff supported people to attend appointments if required. Staff told us that they were able to contact the CMHT team for advice and support if required and they found them helpful.

People had access to GP services, pharmacist, district nursing teams and other health care services as required to meet their day to day health needs. People were able to arrange and attend appointments themselves but if required staff supported them.

The service had facilities suitable for people. Each person had their own individual and furnished bedrooms. People were allowed to personalise their rooms as they prefer. There was a large communal area for people to socialise and relax. People told us the home was comfortable for them.

Is the service caring?

Our findings

The service maintained a caring approach in the way the supported people. All the people we spoke with told us that staff respected them and were kind to them. A person said, "Staff are nice. They don't shout at me." People communicated with staff about what they needed, their plans and well-being in an open manner. Staff and people chatted in a positive way. Staff listened to them with interest and provided advice and support where required.

There was a relaxed atmosphere at the service. We observed staff showing concern to a person who was not feeling well. They made sure the person had their medicine; and made them comfortable and provided them with reassurance. Staff checked how the person was feeling at regular intervals throughout the duration of our inspection.

People told us they were involved in developing their support plans. Care records demonstrated that people had been asked for their views on how they should be supported. People were also involved in their care programme approach review meetings and their key workers supported them to express their views in relation to how their needs should be met. People had a key member of staff who was responsible for ensuring their well-being and progress.

Care records held information about people's histories and background including education, family, social network, culture, religion and individual preferences. We heard staff address people by their preferred names. Staff knew how people's lifestyle choices affected their mental and physical health and their activities of daily living. Staff provided information and support to people through regular one-to-one key working sessions to enable people share openly their concerns and discuss support they required from staff. Staff also used these meetings to highlight the consequence for people's behaviour and lifestyle choices on their well-being and recovery programme.

Staff continued to maintain people's dignity and privacy. All the people we spoke with told staff always knocked on their doors and waited for response before entering their rooms. People could spend their personal time in the privacy of their room and nobody disturbed them. Staff understood the need to respect people's privacy including information about people. People's personal matters were discussed in secluded places to avoid others from overhearing. People's personal records were kept secured and confidential. People also told us that staff treated them with dignity and respect.

Is the service responsive?

Our findings

The service maintained its objectives in providing support and rehabilitative programme centred on people's needs and achieving positive outcomes for them. One professional commented on the feedback form that they would rate the service first class. They also mentioned, "Excellent. I have been astonished at the extent of the positive changes in my patients." The same professional mentioned in their feedback to us. "...I am very happy with all the aspects of the service and would rate it as outstanding. Patients are consulted and involved and enabled to grow in regards to their social activities and in themselves in many different ways."

The service supported people with rehabilitative programmes and they were encouraged to be as independent as possible so they can live independently in the community or with minimum support. The provider shared three success stories with us which we saw evidence to confirm. These related to people who had achieved positive outcomes and gained control of their lives. For example one person had no skills for daily living and had received full support before they came to live at Elmdene Care Home. This person relied on a full time care worker to prepare their meals, clean their home, assist with their personal care needs, and managed their finances. The service had developed a programme with them to build their confidence, skills and functional ability. Staff had worked with them closely and consistently. They had supported the person to attend cookery classes to learn to cook. This person was now able to cook independently for themselves and for others. They also managed their personal care and domestic tasks unsupported. They had learnt to use the cash machine, go shopping and manage their finances. Staff and the provider explained they took a systematic approach so the person did not feel overwhelmed. They said started by doing things for them to help them settle into their new environment. Then, doing things with them, and then supervising them when doing things and finally allowing them get on with doing things for themselves because they had gained the skills and confidence needed.

We also examined cases where the service had supported people to achieve their goals and be independent as possible. One person had recovered from their condition, learnt skills and moved into their own independent living accommodation and was in paid employment. Another person had recently gained paid employment which is helping engage them positively and as a result controlling their use of substance. A third person had completed training on health and safety, manual handling and security. The person had the interest to become an electrician. They were doing voluntary job in a local electrical shop to learn skills and experience needed to gain paid employment. People told us the training courses they had completed and voluntary jobs enabled them develop knowledge and skills needed to pursue their goals. The provider and staff achieved these by empowering, motivating and supporting people to focus on their goals. They also supported people to find where they could undertake training courses, gain work experience, find job vacancies and complete job application forms and prepare for interviews.

Staff had supported people to manage and maintain their physical and mental health problems. They had worked and supported one person whose health was at risk and functional ability was reduced because of the weight. Staff supported the person to improve their lifestyle by exercising regularly and maintaining a

healthy balanced diet. These interventions had gradually improved the person's health. Staff told us that they gave feedback to the person about any improvement made and the benefits in other to motivate them. The person had successfully achieved a healthy weight range. They had also given up smoking in the process as they focused on getting fit and maintaining a healthy lifestyle.

Support plans were in place which clearly set out how people's individual needs would be met, how their goals would be achieved and the key people involved to ensure this happened. Support plans were reviewed regularly by staff to reflect people's current needs and goals. Care coordinators were involved in the review of people's care under the care programme approach (CPA). CPA is a way in which services are planned and delivered for people with mental health needs. This ensured people's needs were adequately met. Daily notes showed that staff reported on people's progress or concerns between shifts to ensure appropriate follow ups or monitoring took place.

People were supported and encouraged to participate in leisure and social activities to unwind. Each person had an individualised activity plan and staff supported people to participate in these activities where required. We saw staff accompany one person to attend their 'keep fit' class. The person told us they enjoyed the class and would attend on a regular basis. People were part of the local community and accessed community resources such as libraries, shops, fitness centres, as they wished. People talked about their last holiday experience to Butlins and how much they enjoyed it. They were looking forward to their next holiday scheduled later this year.

People were able to visit friends and family in the community and they were also able to have their friends and family visit them. The provider told us they were committed to meeting people's needs with regard to their age, disability, gender, race, religion or sexual orientation. These areas were covered in their care plans. Staff understood the importance of respecting people's diversity.

People told us they knew how to make a complaint if they were unhappy with the service and they confirmed that issues they raised were addressed and resolved promptly. We saw evidence that a complaint had been acknowledged, investigated and responded to and in line with the organisation's procedure.

Is the service well-led?

Our findings

The service continued to be well-managed and organised. The provider was currently undergoing their registration to become the registered manager. The previous manager left within the last 12 months. 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. Our records showed that the service reported all notifiable incidents to CQC as required by their registration.

The provider had experience managing services for people with mental health conditions. They continuously considered ways to improve the service and to achieve better outcomes for people. They had supported and empowered people to gain control of their lives and live independently in the community in line with the service aims and objectives

The provider and staff continued to work in partnership with other health and social care professionals; and commissioning authorities to ensure people received good quality care and support. Records showed that the provider attended multi-disciplinary teams meetings where people's needs and treatment were discussed; and how to achieve good outcomes. The provider also worked in partnership with local training centres, charity organisations and skills agencies to provide training programmes and employment opportunities for people. Professionals we spoke with told us that the service was well managed. They told us that the service worked effectively and focused on achieving positive outcomes for people.

Staff had the leadership and management support they needed to continue to accomplish the aims of the service. Staff told us that the provider was open to suggestions and feedback and supportive. One support worker commented, "The recovery manager and deputy manager and provider are always available for us to speak to if we have any concerns or need support. They make sure we are able to support people properly." Another support worker said, "I will rate the provider 10/10. All the managers here listen and are supportive. They take our (staff) views into account." We observed open communication between the provider, staff and people using the service.

The provider held regular meetings with the staff team to discuss issues regarding people and other concerns. Staff told us that they were able to discuss matters freely and as a team they agreed an action plan together. They said team meetings were also used as learning opportunities as they reflected on various areas of their work and experiences which enabled them improve their practice. For example, they shared learning on how to support people with their mental health conditions. All the staff we spoke with demonstrated they understood their roles and responsibilities and the aims and objectives of the service. They talked enthusiastically about their roles in ensuring people were supported to improve their mental and physical health and developed the skills to live independently in the community. One support worker said, "We do a good job helping people improve. We see people come here from hospital with no skills to do anything for themselves and then develop skills to look after themselves. It is really nice to see that change."

The service had systems in place to regularly assess and monitor the quality of service provided. These included health and safety, infection control, care records, medicine management, and staff files. The provider had audited all staff files and ensured they contained evidence of the recruitment checks carried out. Care records were up to date and detailed. Health and safety checks were also maintained and up-to-date. Staff also conducted checks of the environment and rooms regularly. Following a check carried out by the manager, suitable furniture was purchased for one person's room.

The provider gathered the views of people, and other professionals about the service. The service held regular meetings with people to consult and gather feedback. We saw that people were consulted about the food, activities and house rules. Staff also used these meetings to discuss health and safety concerns. For example, people were reminded of the risk of smoking in their rooms. Annual survey conducted showed positive feedback from people and professionals. One person said, "I am a lot better than I was here. I am happy here. The home is well-managed." Another person told us, "I am happy here, feels like a home from home."