

Anahita Rehabilitation Centre LLP

Anahita Recovery Centre

Inspection report

104 Gavestone Rd
Lee
London
SE12 9BL

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19 March 2019

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23 April 2019

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

About the service: Anahita Recovery Centre is a care home that provides supported accommodation for up to 24 to people who have mental health needs. At the time of the inspection 22 people were using the service.

People's experience of using this service:

- People said they felt safe. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures.
- Appropriate recruitment checks took place before staff started work and there was enough staff available to meet people's care and support needs.
- Risks to people had been assessed and reviewed regularly to ensure people's needs were safely met.
- People were receiving their medicines as prescribed by health care professionals.
- The service had procedures in place to reduce the risk of the spread of infections.
- Assessments of people's care and support needs were carried out before they started using the service.
- Staff had received training and support relevant to people's needs.
- People were encouraged to cook for themselves and they were supported to maintain a balanced diet.
- 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 support this practice.
- People said staff treated them in a caring and respectful manner.
- People had been consulted about their care and support needs.
- People were supported to participate in activities that met their needs.
- No one using the service required support with end of life care, however there were procedures in place to make sure people had access to this type of care if it was required.
- The service had a complaints procedure in place. People told us they knew how to make a complaint if they were unhappy with the service.
- The provider had effective systems in place to assess and monitor the quality of the service.
- The service worked in partnership with health and social care providers to plan and deliver an effective service.
- The provider took people views into account through satisfaction surveys and residents' meetings. Feedback from the surveys and meetings was used to improve on the service.
- Staff enjoyed working at the service and said they received good support from the registered manager and deputy manager.

Rating at last inspection: Good. (Report was published on 18 October 2016).

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Anahita Recovery Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: A single inspector carried out this inspection.

Service and service type: Anahita Recovery Centre is a 'care home'. 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. The care home accommodates 24 people in two units, each of which has separate adapted facilities. Anahita Recovery Centre specialises in providing care to people living with and recovering from mental ill-health.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did: Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. 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 also received feedback from the local authority that commissions services from the provider and two health care professionals. We used this information to help inform our inspection planning.

During the inspection we spoke with three people to gain their views about the support they received. We looked at two people's care files, staff recruitment and training records and records relating to the management of the service such as medicines, quality assurance audits and policies and procedures. We spoke with the registered manager, the deputy manager and three members of staff about how the home was being run and what it was like to work there.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- A person using the service told us, "There are plenty of staff around to make sure we are safe, I feel safe."
- There were safeguarding adult's procedures in place. The registered manager and staff had a clear understanding of these procedures. Staff told us they would report any concerns they had to the registered manager and to the local authority's safeguarding team and CQC if they needed to.
- The registered manager knew they had to report abuse to the local authority and CQC; however, there had not been any concerns of abuse since our last inspection of the service.
- Training records confirmed that staff had received up to date training on safeguarding adults from abuse.

Assessing risk, safety monitoring and management

- Action was taken to assess risks to people. People's care files included risk assessments for example on self-neglect, drug and alcohol misuse and medicines. Risk assessments and care plans included information for staff about action to be taken to minimise the chance of accidents occurring.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.
- Staff told us they knew what to do in the event of a fire and training records confirmed they had received training in fire safety.
- Weekly fire alarm testing and routine maintenance checks had been carried out on gas and electrical appliances.

Staffing and recruitment

- We observed, and people and staff told us the staffing levels at the service were meeting people's needs.
- Staffing levels were arranged according to people's needs. The registered manager said if extra support was needed for supporting people to attend health care appointments or social activities then additional staff cover was arranged.
- Robust recruitment procedures were in place. We looked at the recruitment records of the most recent member of staff employed to work at the service. These included a completed application form, employment references, evidence that a criminal record check had been carried out, a health declaration and proof of identification.

Using medicines safely

- One person told us, "The staff help me to take my medicines when I need them."
- Where people self-medicated we saw risk assessments and care plans were in place to support them to take their medicines safely.
- Medicines were securely stored and managed safely. People were receiving their medicines as prescribed by health care professionals. People had individual medication administration records (MAR) that included

their photographs, details of their GP and any allergies they had. They also included the names, signatures and initials of staff qualified to administer medicines. MAR records had been completed in full and there were no gaps in recording.

- Training records confirmed that staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines by the registered manager.

Preventing and controlling infection

- The service was clean, free from odours and had infection control procedures in place. Staff told us personal protective clothing such as gloves and aprons was available to them when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- When things went wrong we saw the registered manager responded appropriately and used this as a learning opportunity. For example, after a number of minor medicines errors the registered manager analysed the cause of the errors. A common theme was staff being distracted whilst administering medicines by other staff and people using the service. A decision was made that during medicine times other staff would vacate the office and support people with their needs. The registered manager said this approach worked had resulted in a significant fall in medication errors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good, and a relative's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw initial assessments of people's health care and support needs in their care records. The service used its own assessment along with the care program approach (CPA) when they assessed people's needs. The Care Program Approach (CPA) is used to plan people's mental health care.
- One person told us, "My needs were assessed before I moved to the service. The registered manager came to see me at the hospital and we talked about the support I needed. I have a care plan and I know what's in it."

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision. A member of staff told us, "The training I had on mental health awareness and dementia awareness has really helped me to understand people's needs."
- The registered manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included mental health conditions, dementia awareness, safeguarding adults, equality and diversity, infection control, medicines administration, fire prevention, food hygiene, Mental Capacity Act 2005 (MCA) and DoLS.

Ensuring consent to care and treatment in line with law and guidance.

The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity to make specific decisions for themselves, they 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.

- The registered manager demonstrated a good understanding of the MCA and DoLS. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review.
- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they attended regular cooking sessions at the service where they were encouraged to cook for themselves. One person said, "They promote independence here. We cook our own breakfast. We can use the small kitchens to make tea and coffee or snacks when we want. A chef comes in and does a meal for us in the evenings, the food is good."
- We saw four weekly rolling menus were being used at the service. These offered a choice of two different evening meals however, people told us if they wanted something different this would be provided.

Supporting people to live healthier lives, access healthcare services and support:

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver care for people in an effective service.
- People's care files included records of appointments and advice from health care professionals for supporting people with their care.
- One person told us, "The staff make sure I get to my health care appointments on time."
- A health care professional told us, "We work closely with Anahita and there is always positive feedback from the clinical teams about the quality of service. We offer training to providers and Anahita staff attend. They also ask for advice and support when it is required."

Adapting service, design, decoration to meet people's needs

- People had en-suite bedrooms, which had been decorated and furnished to their choice.
- The environment was clean and suitably adapted to meet people's needs.
- People had access to the service via ramps where required and to a rear garden with seating areas for them to relax in.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Care records were person centred and included people's views about how they wished to be supported. We observed that staff knew people very well and communicated with them effectively.
- One person told us, "The staff are very caring, supportive and easy to get on with. They make sure I get what I need. They have a really good understanding of mine and other people's needs. I have regular meetings with staff and health workers and I have a care plan and I can say what goes in to it." Another person said, "The staff look out for the residents. They are always respectful. They help me with my care plan and we agree what goes in to it."

Ensuring people are well treated and supported; equality and diversity

- People's care plans included a section that referred to their diverse needs.
- Staff told us had received training on equality and diversity. They said they were happy to support people no matter what their backgrounds or preferences were, and they would support people to do whatever they wanted to do.
- The registered manager told us they were considering further ways of supporting people with diverse needs. They showed us evidence confirming they had arranged training for staff on Lesbian, Gay, Bisexual, Transgender and Questioning [LGBT+] awareness in April 2019.

Respecting and promoting people's privacy, dignity and independence

- Staff made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. One person told us, "My privacy is always respected. If staff want to come in to my room they knock on my door. If I want to spend time alone then staff leave me alone."
- Staff promoted people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. They told us that people managed their own personal care however where required, they prompted people to maintain good hygiene.
- Staff told us they made sure information about people was always kept confidential. We saw records about people were stored in a locked office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People told us they were involved in planning for their own care. They said they had keyworkers that supported them with their care needs. A key worker is a designated member of staff that supports people to coordinate their care.
- People had care plans in place that described their mental and physical health needs and provided guidance for staff on how to best support them to meet these needs. Care plans and risk assessments had been kept up to date so that staff were fully aware of and could meet people's current needs.
- Staff had a good understanding of people's needs. A health care professional told us they saw how staff supported people at care programme assessment meetings. They said staff always produced excellent written reports and had a good knowledge people's physical health needs.
- People had access to activities both in and outside of the service. There was a pool table, board games and books available in the lounges and gym equipment, a basketball net and a hanging punch bag were available in the garden. One person told us they regularly went to a local gym and a café. They had recently gone to the cinema and they were looking forward to a planned trip to the seaside. The provider had recently purchased a greenhouse. One person told us they were looking forward to growing some vegetables and fruit.
- Some people regularly attended a 'Living with Diabetes Group' where they talked with other people living with the same condition, received information from staff and tried to improve the support given to diabetics at the home.
- The registered manager understood the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. They told us information could also be provided in different formats [if required] to meet people's needs for example different written languages or in large print.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. One person told us, "I know how to complain if I want but I don't ever need to. I would just speak with the staff if I had to complain and they would deal with it."
- The service had a complaints file that included forms for recording and responding to complaints. Records showed that when complaints had been raised they were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

End of life care and support

- None of the people currently living at the service required support with end of life care. The registered manager said they would liaise with the GP, the multi-disciplinary team and the local hospice to provide people with end of life care and support if it was required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. □

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager was knowledgeable about their responsibilities regarding the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the service and on their website.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. Staff knew of the provider's values and we saw they upheld these values when supporting people.
- Staff told us management support was always available for them out of hours when they needed it. One told us, "Its brilliant working here. The registered manager and deputy manager are very supportive and listen to any ideas that staff have. For example, I suggested improvements to the filing system and I was able to put my ideas into practice." Another staff member said, "We have a great teamwork ethic. The registered manager and deputy manager are very knowledgeable and supportive to the team."
- The registered manager sought peoples, their relatives, staff and health care professionals' views about the service through satisfaction surveys. We saw completed surveys that included positive comments about the service and care people were receiving. A health care professional had commented that it was always a pleasure to work with the deputy manager and staff. They said the care, kindness and understanding of people's needs was excellent. An excellent example of how a recovery centre should be run.
- Another health care professional told us they had been placing people at the service since it opened in 2012. They visited for the opening day and they were pleased with the care and support the service was offering people. They had recently visited the service with a colleague and were both pleased with the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us, "The aim of the service is to promote people's independence. The staff encourage people to learn new skills and develop existing skills so that at some point in the future people can live independently." One person said, "They promote independence here. I do my own cooking and washing. Eventually I will move out into my own place."
- Regular resident's meetings took place at the service. One person told us, "The resident's meetings are very good. The management are interested in what we want and what we think about the service. We talk about what we want like food and activities and they put them in place."
- We saw a 'We Need You' poster asking for two people using the service to join the Anahita management

team. The poster advised that people would attend monthly management meetings, help the registered manager, interview new staff and look at ways of improving the service. The deputy manager told us that one person had joined the group and attended the monthly management meeting in March 2019.

- The registered manager ran a surgery on Monday afternoons. We saw a poster in the lounge advising people that the registered manager was keen to hear their concerns and ideas for improving the service. If people wanted to they could just sit with the registered manager for a cup of tea and a chat.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular medicines, health and safety, infection control, incidents and accidents audits were being carried out at the service.

- We saw a report from a monitoring visit carried out by the provider in March 2019. The report covered areas such as medicines, people's financial records, care planning and health and safety checks. No areas of concern were identified by the provider during that visit.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with the local authority that commissioned the service, health and social care professionals and they welcomed their views on service delivery.

- An officer from the local authority had commented in a recent quality monitoring report, "A stable and knowledgeable staff team is in place at the service due to excellent retention work by the provider."

- A health care professional told us, "Anahita team works well with the clinical teams. They are well staffed and work within the recovery model. They have been able to step down service users to lesser supported accommodations."