Arran Healthcare Limited

London Mental Health Care Centre

Inspection report

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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 took place on 25 September 2018. London Mental Health Care Centre can accommodate up to 15 people. At the time of the inspection there were 13 people using the service. The service is in a large purpose built building with communal areas. People had their own bedrooms and had access to bathroom facilities.

The service 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. At the time of this inspection eight people with a mental health condition lived at the service.

This was the first inspection at London Mental Health Care Centre since their registration in November 2017.

The service had a registered manager in post. 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.

The registered provider had a safeguarding process in place that protected people from harm and abuse. Staff completed safeguarding training which gave them knowledge of the types of abuse and the skills to help them report an allegation of abuse promptly.

Risks that affected people's health and wellbeing were identified. Risk management plans were developed and staff used this guidance to manage risks safely.

People's medicines were managed safely. People said staff supported them with the administration of their medicines and there were systems in place for the storage, ordering, recording and disposal of medicines.

Staffing levels were appropriate to meet people's needs safely. Safe recruitment processes were followed by staff. This ensured suitable newly recruited staff with relevant skills and knowledge were employed to work with people.

Staff were supported through a programme of induction, training, supervision and an appraisal. Staff reflected on their practice, personal and professional development and identified their training needs.

The registered manager and staff provided care in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People gave their consent to care and staff carried out this in line with their wishes. 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 had meals provided to them that they enjoyed. Meals were cooked onsite and which met their preferences and nutritional needs. Health care services were made accessible for people. Each year people had their health care and mental health monitored and reviewed.

People made decisions in the delivery of their care and support. People took part in activities they enjoyed and developed new hobbies and interests. Staff encouraged people to maintain their level of independence in relation to their abilities and individual goals.

Staff provided people with care and support in a respectful and compassionate way. People's dignity was protected and there was space for people to have their privacy when they needed.

Assessments were completed with people which identified their needs. Care plans were developed which detailed the support staff provided to people to help them maintain their health and wellbeing. When people's needs changed these were reviewed and their care plan was updated to reflect their current care and support needs.

There was a complaints process in place at the service. People understood how to complain about aspects of their care if they were unhappy. Staff understood how to support people who required end of life care. However, at the time of the inspection nobody required this support.

Staff enjoyed working at the service and respected the registered manager. There were systems in place to monitor and review the service to ensure people received safe and effective care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood the safeguarding process to protect people from harm and abuse.

Risks to people's health and wellbeing were identified and plans were in place to mitigate them.

Safe recruitment processes were followed to employ suitable staff once the pre-employment checks were returned.

Staff supported people with the administration of their prescribed medicines. Systems were used to ensure there were enough medicine stocks ordered and medicines were stored and disposed of safely.

Is the service effective?

Good

The service was effective.

Staff were supported through induction, supervision, training and an appraisal.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

Staff cooked meals on site. People had meals which met their preferences and nutritional needs.

Healthcare support was available when people's needs changed.

Is the service caring?

Good

The service was caring.

People received care and support that was respectful, compassionate and carried out in a dignified way.

People contributed to their care plan and understood their support needs.

Is the service responsive?

Good

The service was responsive.

Assessments identified and included people's needs, views and opinions on their care.

Activities were provided in house. People were also supported to access their local community as they wished.

People could make a complaint about the care and support they received. The registered manager understood the provider's complaints procedure so complaints were managed effectively.

Is the service well-led?

Good

The service was well-led.

The audit system in place was effective because risks to people and the service were identified and action was taken to make the necessary improvements.

Staff understood their role within the service and were encouraged to develop themselves within the organisation.

The registered manager notified the Care Quality Commission of events that occurred at the service.

Working relationships between staff and health and social care services were developed and maintained.

London Mental Health Care Centre

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 inspection took place on 25 September 2018 and was unannounced. The inspection was carried out by one inspector.

Prior the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

We also looked at information we held about the service, including notifications. A notification is information about important events, which the service is required to send us by law. 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.

During the inspection we spoke with five people living at the service, two care workers, the registered manager and deputy manager. General observations of the service, communal areas and staff interactions with people were completed.

We looked at three care plans, four staff files and all medicine administration records. We also looked at audits, fire safety, the complaints file and other records relating to the management of the service. We received feedback from one health and social care professionals about the service.

Good

Is the service safe?

Our findings

People said that they felt safe living at the service. People's comments included, "Staff are good at making me feel safe", "Yes, it is safe here" and "I have no problems, it is safe living here."

The provider's safeguarding procedures protected people from harm and abuse. Staff understood the types of abuse and how they would report their concerns. Staff said they would immediately report an allegation of abuse to the registered manager or senior member of staff on duty. Staff had on-going training in safeguarding which helped them to develop their safeguarding skills and knowledge. This enabled staff to protect people effectively from the risk of harm.

Staff identified and managed risks that affected people's lives. Staff completed assessments with people that identified risks to their health and wellbeing. Risk assessments looked at people's lives, their abilities and daily living tasks they needed support with. For example, support with managing risks regarding road safety. A management plan was developed that captured each risk and the support required to reduce and manage it. Each person's risk management plan was tailored to include their individual needs. For example, one person required support with going outdoors because of their reduced road safety awareness. Another person had a risk management plan that supported them to remain safe whilst out in their local community. Management plans gave staff guidance on how to manage each risk effectively. Risk assessments and risk management plans were reviewed regularly to reflect people's changing needs and updated records confirmed this.

There were checks in place to ensure the service was safe for people to live. Staff completed checks of the service to ensure it was clean and well maintained. There was an infection control process in place at the service. We observed staff using gloves and aprons as personal protective equipment (PPE) was available to reduce the risk of infection for people. There was regular maintenance of the building to ensure it was safe for people to live and work in. Gas safety checks and portable appliance testing (PAT) was carried out as required. PAT testing is where electrical appliances are routinely checked for safety.

The registered manager followed safe recruitment processes to ensure suitably skilled staff worked at the service. Each new member of staff had pre-employment checks carried out. Staff had their personal identification and right to work in the UK checked, job references verified and had a criminal records check completed with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. Staff files held all documents related to the staff recruitment process with the criminal records checks outcomes.

During our inspection we saw that there were enough staff on duty to support people safely. When people had planned outdoor appointments or social activities there were enough staff to support people in and outside the home. We reviewed the staff rota and this showed there were sufficient staff deployed on shift to keep people safe. The registered manager ensured there were sufficient numbers of staff to keep people safe. One person said "Yes, I think there is enough staff here."

Staff managed people's medicines as prescribed. There were established systems in place for the management of people's medicines. One person said, "I take a lot of medicines and staff remind me and I take them." People were supported to manage their medicines independently. There was a process to assess a person's understanding and abilities to administer their medicines safely. Where people could self-administer their medicines, they were supported to do this. Each month people's medicines were ordered from the local dispensing pharmacy who delivered them to the service.

Records showed that two members of staff checked the medicines coming into the service to ensure this was correct. During the inspection we saw staff safely administer people's medicines, each time a medicine was administered this was recorded as taken on the medicine administration records (MARs). Each MAR was clear and completed correctly.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs effectively. Staff were supported through an induction, training, appraisal and supervision. Newly employed staff completed an induction which gave them an insight into their new role and helped them to understand the needs of people using the service. The registered manager arranged for staff to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff completed training to support them in their role. Safeguarding, infection control, medicines management, health and safety and moving and handling training was completed by all staff. Refresher training was also completed when required. Staff welcomed the training provided to them. Staff commented, "Oh yes I have done so much training since I have been working here", "All my trainings are up to date" and "The manager always reminds me of training that is due or maybe of interest to me. For example, there was a training on managing behaviours that challenge. I went on this training when my manager told me about it." Records confirmed staff completed all required mandatory training.

Staff supervision and appraisal were up to date. Staff discussed their daily practice, key working and issues they experienced in their job. Staff commented, "Yes, I have supervision every few weeks and I had my appraisal last year" and "Yes, I have had both, appraisal and supervision." Staff supervision and appraisal meetings were recorded and included staff actions to be taken before the next meeting. Appraisals helped staff to reflect on their job performance for the year. Staff identified their personal and professional needs and the actions to take to meet them.

People gave staff their consent to care and support. We observed staff asking people for their consent. For example, we noted a member of staff ask a person using the service if they could share details of their care plan with us, which they agreed. People told us staff asked them for their consent. People said, "[Care worker] asks me for my permission" and "Staff do ask me things and discuss what they are going or want to do before they do it. I need to agree with what they are going to do before they do." Staff gave people enough information to make informed decisions. We observed another example of staff giving people options and asking them for their consent. One member of staff asked permission to support a person to contact their healthcare professional. People told us that staff provided them with enough information about their care and support so they could provide their consent.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their responsibilities in relation to the MCA. Staff developed their knowledge through training in MCA. This gave staff an insight into the needs of people who were not able to make decisions for themselves and how to support them. The registered manager made DoLS applications to the local authority for people who lacked decision making capacity and needed support to

make decisions on their behalf. DoLS authorisations were in place where required and staff followed this guidance so people were not unlawfully deprived of their liberty.

People had access to food and drink throughout the day. Staff supported people to have breakfast, lunch and an evening meal. There was a menu displayed so people could choose from this and meal alternatives were made available if people wanted something else. One person said, "I like stew and staff make it for me when I ask them" and "The chef makes African and Caribbean meals which I like to eat." Care records detailed people's likes and dislikes, and any food allergies they had. The chef was aware of these and considered people's dietary needs when preparing meals. People enjoyed eating meals which met their cultural and religious needs. People were positive about the meals provided, they said, "Yes, the meals are good", "Meals are tasty", "I like sitting in my favourite seat to eat my meals" and "I have more than enough to eat and drink every day."

People received support when their healthcare needs changed. People had regular health checks with their GP. One person told us, "I go to the GP when I need to and when I don't feel well, staff will come with me." People's physical and mental health needs were assessed and reviewed regularly. People attended a Care Programme Approach (CPA) meeting with health and social care professionals in attendance. The Care Programme Approach (CPA) reviews and supports people's recovery from mental illness. Staff implemented health care professional's advice and guidance. For example, records showed a person's medicines were changed at their last CPA meeting. This change was followed up by staff to ensure the person had all the medicines as required to maintain their health. Records showed people attended dental, chiropody and optician appointments. One person told us, "I've had a problem with my feet for ages and I see the [chiropodist] all the time for it."

Good

Is the service caring?

Our findings

People said staff were caring and kind. People commented, "Staff are great", "Staff really help me to get things sorted, I am getting better" and "Staff are kind and help me."

People were supported by staff to make decisions about the care and support they received. People's care records contained information that people provided. Each care plan was reviewed and people contributed to them. For example, we saw that people wrote on their individual review which allowed personal reflection and described how they were feeling and the effectiveness of their treatment. Staff used this information following the review to update the person's care plan to ensure their views were considered.

Staff treated people in a respectful way. Staff supported people to meet their cultural and religious needs. The registered manager was actively recruiting staff that matched the diversity of the people living at the service. For example, there were two people whose first language was Turkish and the plan was to recruit Turkish volunteers. The registered manager thought this would further support the needs of people living at the service. People were supported to take part and continue practicing their religious beliefs. People who wanted to attend a religious service were encouraged to do this with support from staff if this was required.

People's privacy and dignity was respected by staff. We noted staff asking people permission before showing us around their home. We observed staff speaking with people in a kind and respectful way. We saw people wanting to speak with staff during the inspection. Staff gave people the time and space to speak with them which allowed people to have the time they wanted to have a discussion. Staff commented, "People come first here, if it wasn't for people here we wouldn't have a job", "This is people's home and we need to give them time to speak with us, we can help them sort things out if they want this" and "As soon as [person] sees me they want to discuss their day and this is what they want and look forward to and we have a sit down and a chat."

People were encouraged to be independent. Staff encouraged people to take responsibility for keeping their home clean and tidy. Staff supported people to develop, maintain and improve their daily living skills. This prepared people to transition into their own home if this was required. People kept their personal space clean and tidy and were encouraged to complete their own laundry. People were supported to make a meal if they chose with the support from staff. There was a kitchenette were people had access to tea and coffee making facilities. People could make hot drinks and snacks for themselves. People were encouraged to go out in their local community. We observed people went out as they chose without support from staff. Other people required support from staff and this was made available for them. Staff were aware of the guidance and followed this for people who required support with maintaining their independence.

Good

Is the service responsive?

Our findings

People had an assessment before coming to live at the service. Assessments were completed in people's home or on the hospital ward. People and their relatives were involved in the assessment. The assessment recorded people's like, dislikes, activities they enjoyed, medical and mental health needs, life history and previous employment. This information provided staff with knowledge of the person, their needs and whether the staff and the service could meet the person's needs effectively. Health care professionals attended the assessments which allowed them to contribute. This ensured staff had sufficient information to decide whether the person's needs could be met at the service.

Following the initial assessment prior to living at the service, people had continued assessments of their needs. This ensured that the care and support provided remained relevant to meet people's needs. If a person's needs changed then the care plan was updated to reflect this. We saw an example where a person's needs had changed from their initial assessments. Staff identified there were changes in the person's mood, which could result in them becoming angry. Staff recorded this change and the support staff needed to give the person to resolve this concern. The care records stated the aim was for the person to manage their mood, initiate therapeutic relationships and to respect boundaries.

People's private information was documented in line with the Accessible Information Standard (AIS), for example; providing documents using large print books to ensure these were accessible. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand.

Activities were available to people in the service. There was a pool table that was available for people to use. One person said, "I love playing pool. Sometimes staff play with me as well. But I beat them all the time at pool!" We observed that staff engaged with people in a game of pool. From the laughter and discussions going on people enjoyed this. Other activities were available for people, including coffee mornings, cooking sessions and playing board games. There was an accessible large garden that people enjoyed using. Staff supported people to have a barbeque in the garden when they decided they wanted to do this.

People accessed the local community to take part in activities they enjoyed. They went to meet friends and relatives if they chose. People also attended activities that interested them. People told us that they visited the café for a drink or went to the pub. We saw people going to the local shops for themselves. One person told us that they wanted a haircut and went to visit the local barber independently.

People had access to a complaints procedure. The complaints policy was made available to people to use and a copy was on the noticeboard so people could readily access this information. All previous concerns and complaints had been dealt with by the registered manager. People were confident to make a complaint if they needed.

Care records did not address end of life care. At the time of the inspection people did not require any support with end of life care. Staff understood end of life care and how to support a person if they needed specialist care. Staff had contact details for each person's relative who would decide end of life

arrangements. The provider had a contract with a local funeral director if a person had no next of kin to make funeral arrangements on their behalf.

Good

Is the service well-led?

Our findings

People said the service was managed well. People commented, "The manager is good, he always comes and talks to me", "[The registered manager] is good" and "All the staff are good here."

Staff enjoyed working at the service. Staff described how they enjoyed working with people who lived at the service. Staff spoke about people in a compassionate way which demonstrated they knew people and their individual needs well. Staff commented, "This is a good place to work" and "The people make this place a really enjoyable job." One health and social care professional told us that the care was very person centred, staff were aware of people's heath and up to date with their progress and communicated well with them. Staff said the registered manager was supportive and helpful. They praised the deputy manager and said they were approachable, knowledgeable about the service and was on hand to give support and advice.

The registered manager met with staff on a regular basis. Each month staff attended a team meeting. During these meetings the registered manager discussed changes that occurred in the service, concerns about people living in the service and upcoming training. Staff were encouraged to share information and ideas with colleagues and to get advice if needed. These meetings were recorded and the minutes were made available for staff who were not able to attend them.

The registered manager understood their registration requirements with the Care Quality Commission (CQC). The registered manager was aware of events and incidents that needed to be reported to the CQC. We checked that the registered manager sent us notifications as required by law and found these were reported to us as required.

The registered manager used various methods to assess the quality of the service. Each year people were provided with a survey which actively sought their feedback of the service. The service user satisfaction questionnaire was available in a pictorial format which helped people complete them independently.

The annual questionnaires were also sent to their relatives and healthcare professionals. We looked at the latest completed questionnaires for 2018. These showed people were satisfied with the care and support they received. They also said the quality of the service was of a good standard.
There was a system in place that reviewed and assessed the quality of the service. The registered manager and staff completed regular reviews of the service. The quality audits reviewed medicine management systems, infection control, food satisfaction, activities and the maintenance of the service.

Records showed that when an issue was found this was resolved promptly. For example, following a review of fire safety at the service, the registered manager strengthened individual smoking risk assessments for people. Individual risk assessments detailed the smoking risk and confirmed where smoking was permitted in the service. This review of fire safety was used to improve the safety of the service.

Staff developed partnership relationships with health and social care professionals. Staff said that they had working relationships with mental health services, including community mental health services and with

hospital teams. The registered manager said this relationship helped people receive coordinated care because health care professionals provided staff with prompt advice and guidance and without long delays.