

Surrey Mental Health Limited

North Downs Villa

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

North Downs Villa 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. North Downs Villa does not provide nursing care.

North Down Villa accommodated up to eight people in one adapted building, and a further two people in a separate bungalow on the same grounds. At the time of our inspection nine people were using the service. North Downs Villa provides a service for people with learning disabilities and/or a mental health diagnosis.

At our previous inspection on 19 February 2018 we rated the service 'requires improvement' and found the provide in breach of four regulations of the HSCA 2008. This included in relation to staffing, premises, need for consent and good governance.

We undertook an unannounced comprehensive inspection on 6 July 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our February 2018 inspection had been made. The team inspected the service against all of the five questions we ask about services. This is because the service was not meeting some legal requirements in four of the questions so we wanted to review the quality and safety of all areas of service delivery.

A registered manager remained 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.

At this inspection we found some improvements had been made, however, there continued to be some concerns and the service continued to be rated 'requires improvement' overall. We found the service continued to be in breach of regulations relating to staffing and good governance. You can see what action we have asked the provider to take at the back of the main report.

Staff continued to not receive adequate training opportunities meaning there was a risk that staff would not have the knowledge and skills to meet people's needs and support them safely. We also found that staff continued to not receive supervision meaning there was a risk that staff were not adequately supported to undertake their duties.

Governance processes had been strengthened and regular cleanliness and environmental checks had been introduced. However, we found that quality assurance processes still needed improving to ensure they reviewed all areas of service delivery and ensure they were effective in implementing improvements in a timely manner.

Improvements had been made since our previous inspection to ensure a safe, pleasant and fit for purpose

environment was provided. The bathrooms had been renovated and new window restrictors had been installed. We also saw improvements had been made to ensure people were only deprived of their liberty when staff were legally authorised to do so. The registered manager had applied to the local authority for authorisation to deprive people of their liberty where they did not have capacity to ensure their safety in the community.

Improvements had also been made to ensure there were sufficient staff to meet people's needs. New staff had been recruited which meant there were now sufficient numbers of staff on each shift to meet people's needs and to allow staff to have sufficient breaks between shifts. However, we saw recruitment practices needing improving to ensure sufficient references were obtained from previous employers.

People's care records had been reviewed and updated. Improvements had been made to ensure these records incorporated advice from health and social care professionals and that care records were developed in a timely manner so staff had information about people's historic and current risk behaviour and support needs.

Staff supported people to identify and manage risks to their safety. They liaised with health and social care professionals as required in order to have people's health and care needs met. This included liaising with representatives from people's community mental health teams and attending psychiatric reviews. People were empowered to be involved in care decisions and attend care reviews. Staff were aware of who had capacity to make decisions about their care, and who had been appointed to make decisions on their behalf if they did not have the capacity to make certain decisions. People received their medicines as prescribed and safe medicines management processes were in place.

Staff had built friendly, caring relationships with people. We observed people and staff interacting in a kind and compassionate manner. Staff were respectful of people's privacy and maintaining their dignity. Staff were aware of who was important to people and people's friends and family were welcome to visit the service.

Staff were aware of safeguarding adults' procedures. There had been no safeguarding concerns raised since our previous inspection. The complaints process remained in place. No complaints had been made since our previous inspection. Staff adhered to infection control procedures and processes had been improved to monitor the cleanliness of 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?

Good ●

The service was safe. New staff had been recruited since our last inspection to ensure there were sufficient staff on duty to meet people's needs and keep them safe, whilst enabling staff to have sufficient breaks between shifts. However, we saw recruitment processes did not always ensure adequate references were obtained.

A safe environment was provided and regular safety checks were undertaken. Staff adhered to infection control procedures and a clean, hygienic environment was provided.

Staff were aware of the risks to people's safety and risk management plans were in place. Staff were aware of safeguarding adults' procedures.

Is the service effective?

Requires Improvement ●

Some aspects of the service remained ineffective. Staff continued to not receive regular training to ensure they had the knowledge and skills to undertake their duties. Staff had not received regular supervision.

Improvements had been made to ensure a pleasant environment was provided which was safe and fit for purpose. Improvements had also been made to ensure people were only deprived of their liberty when staff were legally authorised to do so.

Staff provided meals in line with people's choices and preferences. Staff supported people to access healthcare services including in relation to their mental and physical health.

Is the service caring?

Good ●

The service was caring. Staff had built caring and friendly relationships with people. People were empowered to express their views and be involved in decisions about their care. People's friends and family were welcome to visit the service. Staff treated people with respect and maintained their dignity.

Is the service responsive?

Good ●

The service was responsive. Improvements had been made to ensure accurate, detailed and timely care plans were developed outlining people's support needs in regards to their physical health, mental health, emotional and social needs.

Staff encouraged people to take part in a range of activities and to develop their hobbies and interests. Weekly art therapy sessions were provided. People were supported by staff to undertake day trips.

A complaints process remained in place. No complaints had been received since our previous inspection.

Is the service well-led?

Some aspects of the service continued to not be well-led. Whilst improvements had been made, some aspects of the quality assurance processes needed strengthening to ensure all aspects of the service were being monitored and ensure timely action was taken to address improvements when required.

The registered manager adhered to the requirements of their CQC registration. They submitted notifications about key events and displayed the rating from the previous inspection.

Requires Improvement 

North Downs Villa

Detailed findings

Background to this inspection

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

This inspection took place on 6 July 2018 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed information held about the service including statutory notifications received about key events that occurred as required by law. We also reviewed the action plan submitted by the provider following our previous inspection outlining what action they would take to address the previous breaches of legal requirements.

We did not ask for a provider information return (PIR) to be completed for this inspection due to the short timescale between inspections. 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 two people using the service and two staff. We reviewed three people's care records and staff records relating to recruitment, training, supervision and appraisal. We reviewed records relating to the management of the service and medicines management processes. We undertook general observations focusing on the environment and interactions between people and staff.

Is the service safe?

Our findings

At our previous inspection we found there were not sufficient staff employed to meet people's needs and maintain their safety. We saw due to the lack of staff available that the required numbers of staff needed to keep people safe on each shift was not always adhered to and that staff were being required to work very long hours without adequate breaks.

Since our previous inspection seven new staff had been recruited. However, three of these had since left the service. One of the directors told us since our previous inspection they had reviewed the rota and were no longer assigning staff to work very long hours and staff were receiving adequate breaks between shifts. We viewed the rota for two weeks which showed staffing levels were as expected. Due to some continued recruiting difficulties some of these shifts were being covered by agency staff. However, the director assured us the use of agency staff had reduced with the recruitment of some additional staff. Further recruitment of staff was planned and interviews were being held the week after our inspection. The provider was no longer in breach of regulation relating to the numbers of staff employed to meet people's needs. However, we will continue to monitor staffing levels due to the instability in staff retention levels.

On the whole we saw safe recruitment practices were followed. However, we saw for two staff members who had recently been employed the registered manager had not obtained appropriate references from previous employers or character references. We spoke with the registered manager about this who said they would ensure the references were obtained and we will check this at our next inspection. Other recruitment checks had been completed including checking staff's identity, their eligibility to work in the UK and undertaking criminal record checks.

Staff continued to safeguard people from avoidable harm. Staff were aware of safeguarding adults' procedures and how to escalate their concerns to the local authority safeguarding team if required. Staff protected people from discrimination and abuse when at the service and in the community. Since our previous inspection there had not been any safeguarding concerns raised.

Risks to people's safety continued to be reviewed and management plans updated to instruct staff about people's historical and current risk behaviour and how to manage this. Information was included about any triggers to this behaviour and how it could be minimised. Risks included in relation to the person's mental health, physical health and those risks at the service and in the community. Information was also included about risks people presented to themselves and to others. If there were any concerns about people's risk behaviour this was shared and discussed with the person's mental health team.

At our previous inspection we saw the medicines cabinet was not always kept locked and secure. At this inspection we saw the medicines cabinet was locked and keys to the cabinet were kept secure. The registered manager checked medicines stocks and completion of administration records daily. We checked these on the day of the inspection and saw the stocks of medicines were as expected and medicines administration records were maintained correctly. People received their medicines as prescribed. This included supporting people to attend clinics to receive their mental health medicines or arrangements for

their care coordinators to attend the service to administer medicines. One person said in regards to their medicines, "I get it every morning." Protocols were in place instructing staff when to provide people with their 'when required' medicines and people were able to inform staff if they were in pain and required pain relief. The service did not use any homely remedies. (Homely remedies are medicines that can be obtained without a prescription). Appropriate procedures were in place for the return and disposal of any unused medicines.

A clean and hygienic environment was provided and staff adhered to infection control procedures. Since our previous inspection the registered manager had introduced daily checks on the cleanliness of the building. Cleaning products were kept secure and people were supervised when accessing laundry products.

Processes were followed to ensure a safe environment was provided. This included ensuring appropriate health and safety checks, including gas safety, electrical safety and water safety. Water temperatures were checked daily to ensure they were in a safe range. Fire safety processes were in place and fire equipment was regularly checked to ensure it was in working order.

Is the service effective?

Our findings

At our previous inspection we found staff had not received the required training to ensure their knowledge and skills were kept up to date and in line with good practice guidance. There was no scheduled training plan to outline when staff would complete the required training. We also found that staff were not being adequately supported. Supervision was not being provided in line with the provider's intended frequency and staff had not received an annual appraisal.

At this inspection we continued to find that staff had not completed the required mandatory training. Nine out of the 11 staff had either not completed their mandatory training or had not completed refresher training at a frequency in line with best practice. There was still not a plan in place as to when it was expected that staff would complete the required training. The registered manager confirmed that supervision processes had not been adhered to and staff continued to not receive supervision. The registered manager was unable to provide us with evidence that they had completed any of the mandatory training, and again they were not receiving regular support or supervision from the provider. This means people continued to be supported by staff that may not have adequate knowledge and skills to meet their needs as they were not being adequately supported or completing required training courses. The provider continued to be in breach of regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Despite the information above we saw that staff completed an induction which included staff familiarising themselves with policies, fire safety procedures and introductions with people using the service. The registered manager had appraised the majority of staff since our last inspection.

At our previous inspection we found a pleasant environment was not provided that was fit for purpose. We saw two of the bathrooms needed renovating to ensure they were safe and fit for purpose. We also saw the window restrictors in place could be overridden and therefore people were not adequately protected from falling from height.

At this inspection we saw the planned refurbishment work had been completed. The two communal bathrooms had been renovated providing a safe, hygienic and pleasant environment for people. We saw that window restrictors had been replaced throughout the service which could not be easily overridden meaning people were being protected from the risk of falling from height. We found sufficient action had been taken to ensure a pleasant, well maintained and suitable environment was provided which was fit for purpose. The provider was no longer in breach of regulation relating to the premises.

At our previous inspection we found some people were being deprived of their liberty by staff without legal authorisation to do so.

At this inspection we found the registered manager had made the required applications to the local authority to assess people's needs and ensure lawful authorisation to deprive people of their liberty. The registered manager was aware of the conditions and restrictions which had been authorised for each person

and ensured staff adhered to these to ensure the person's safety. For those that had capacity the registered manager ensured they were not unlawfully deprived of their liberty and we observed these people being able to freely come and go from the service, accessing amenities in the community when they wished. The provider was no longer in breach of regulation relating to the deprivation of people's liberty.

Staff were adhering to the Mental Capacity Act 2005. Staff were aware of and information was included in people's care records about whether they had capacity to make decisions and what decisions they did not have the capacity to consent to. For those that did not have capacity, information was included in people's care records about who was authorised to make decisions on their behalf. Staff also arranged for an independent mental capacity advocate to support people.

Staff continued to provide meals in line with people's choices and preferences. We observed there were three different options available at mealtimes and people told us they were able to request certain meals. Staff gave people information about healthy eating and encouraged them to have a balanced diet. Staff also supported people to access information about appropriate diets to meet their health needs, for example if they had diabetes.

Staff supported people to access healthcare services. They supported people to register with local GP and dental surgeries and accompanied them to access these services when required. Staff also supported people to access specialist healthcare services when required, including diabetic clinics and screening support services. People received support from the community mental health team and staff supported people to attend care reviews and psychiatric medicines reviews.

Is the service caring?

Our findings

One person said, "It's lovely...I absolutely love it here" and "It feels like I've got my mojo back." People and staff had built positive friendly relationships. We observed staff interacting with people in a kind and caring manner. Staff were respectful of people's individual differences and had taken the time to get to know what was important to people.

We overheard staff encouraging people to complete their daily routine and supporting them to get up, washed and dressed. Staff involved people in these activities, offering choice and respecting their decisions. People were actively involved in decisions and empowered to take a lead in their care and how they spent their time. Staff encouraged people to make decisions for themselves and develop their independence and decision making skills.

People were supported to maintain relationships with those important to them. Staff were aware of who people's family and friends were and they were welcome to visit the service. People we spoke with confirmed their family came to visit them regularly. Staff spoke with people about maintaining healthy relationships and were aware of any previous relationships that caused concern or distress.

Staff respected people's privacy, maintained their dignity and respected their independence. People were given space when they wanted it and staff did not enter their rooms without their permission, unless there were concerns about their safety. Staff discussed with people appropriate clothing to wear taking into account the weather conditions, but respected people's discussions and choices. One person confirmed staff were respectful when supporting them with their personal care and we overheard staff speaking with people in a dignified and respectful manner.

Is the service responsive?

Our findings

People told us they received the level of care and support they required, in regards to their personal care, their mental health, physical health and general support needs.

At our previous inspection we found care records were not sufficiently detailed, they did not always contain up to date information or take account of advice provided by healthcare professionals. We also found care plans were not developed in a timely manner meaning full information about people's history and support needs was not available to all staff.

At this inspection we saw care records had been reviewed and developed. People who were newer to the service had full detailed care plans in place which outlined their support needs and how they wished to be supported. We saw care plans incorporated advice provided by healthcare professionals. People's care plans identified the level of support they required with their physical, mental and emotional health.

People's care plans stated the goals they wished to achieve and staff were supporting them to do this, including developing their independence skills. Staff told us people received regular key worker sessions however these were not recorded. The registered manager had informed staff through staff meetings of the importance of recording people's key worker sessions and the progress people were making so this could be shared with the person's mental health and care teams. We will continue to review the quality of all care records at our next comprehensive inspection.

Staff were knowledgeable about, and people's care records confirmed, what people's interests and hobbies were, and how they like to spend their time. The provider arranged for art therapy to be provided at the service every Friday. People told us they enjoyed these sessions. People were encouraged to participate in different activities, particularly in the community. Staff continued to find it difficult to motivate some individuals and were aware that some people were at risk of isolation. They told us they encouraged these people to spend time out of their rooms socialising with the other people at the service. We saw people interacting and observed they were happy in each other's company.

The day before our inspection staff had accompanied people on a trip to the seaside. People enjoyed this trip and there was much discussion about what they did and the fun they had. People were discussing with staff when they could next visit the seaside and where they wanted to go.

A complaints process remained in place. There had been no complaints made since our last inspection. People were reminded of the complaints process and encouraged to raise any concerns they had. We will continue to review how complaints are handled, if and when they are raised, at our next inspection.

Is the service well-led?

Our findings

At our previous inspection we found there were insufficient systems to review and improve the quality of service delivery, particularly in regards to health and safety, infection control and the quality of care records. We also found insufficient arrangements in place to monitor practices for the management and storage of people's finances at the service. There were a lack of plans in place to ensure continuous service development and ensure compliance with best practice guidance.

Since our last inspection the registered manager had implemented a new environmental and cleanliness audit tool. We saw the registered manager had consistently been completing this audit and reviewing the safety and cleanliness of the service. A maintenance log had been developed and all maintenance work identified during the registered manager's daily environment checks were recorded. However, the registered manager told us the maintenance requests were still outstanding and we saw the same concerns have been identified for some time. The registered manager told us they audited and checked the quality or care records. However, there were no records maintained of these checks and therefore we could not verify the quality of these audits or identify if appropriate action was taken in response to any findings. Improvements had been made since our last inspection to ensure processes to manage and keep people's cash secure were followed.

The registered manager had systems in place to monitor staffing requirements, including keeping track of staff's compliance with mandatory training and supervision sessions. However, we saw that sufficient action had not been taken to ensure these systems were effective in ensuring staff received and completed the required training and supervision.

The provider continued to be in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The registered manager organised for regular staff meetings. However, we saw that attendance at these meetings was poor. Nevertheless, the registered manager documented the items for discussion during the meetings and circulated these to each staff member. This process was also used for the residents' meetings as again the meetings were poorly attended, but the registered manager wanted to make sure they had received up to date information about any changes to service delivery and have the opportunity to contribute their ideas and views.

The registered manager adhered to their CQC registration requirements. This included submitting statutory notifications about any key events that occurred at the service. The provider was also displaying their rating from our last inspection as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensured effective systems were in place to assess, monitor and improve the quality of care and to assess, monitor and mitigate the risks to service users. Regulation 17 (1) (2) (a) (b)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured staff were adequately supported through completion of training in a timely manner and regular supervision. Regulation 18 (2) (a)

The enforcement action we took:

A warning notice was issued.