Mark A Peake

Mark A Peake - 21 Totterdown Street

Inspection report

21 Totterdown Street
Tooting
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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

Overall summary

This inspection took place on 7 May 2015 and was unannounced. The service met the requirements of the regulations during the previous inspection which took place on 7 May 2013.

There was a registered manager at the service. 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.

Summary of findings

Mark A Peake - 21 Totterdown Street is a small care home for two men with mild learning disabilities. It is located in Tooting, South-West London. It is close to local amenities and has good transport links. It is one of three homes owned by Mark A Peake.

The home was safe for people to live in. Regular health and safety checks were carried out for the service. People's privacy and dignity was respected. Each person had their own bedroom, bathroom and lounge which they used to entertain family and friends. They shared a kitchen.

People told us that they liked living at the home and that they felt safe. They told us that staff treated them well and they were able to lead independent lives. They were able to pursue their own interests and were not restricted from leaving the home. They said that staff supported them if needed, for example if they needed assistance with cooking.

People's needs in terms of their medicines and their diet were met by the service. People told us they were able to see healthcare professionals such as their GP or consultant psychiatrist if they needed.

There were enough staff to meet people's needs. Robust pre-employment checks were carried out on staff before they started working at the service. Ongoing training in areas that were relevant to the needs of people was provided, for example autism awareness and dealing with behaviour that challenged. Staff demonstrated a good understanding of the areas they had received training in, for example the Mental Capacity Act 2005 and specific ways that they would deal with incidents of behaviour that challenged. Staff received regular supervision and told us they felt well supported and valued.

Care plans and other records such as medicines profiles and risk assessments were reviewed on a regular basis which helped to ensure up to date information was always available about people and their support needs.

There was continuity in the home with respect to how long people had been living there, but also in respect of staff that had worked there for a long time. The registered manager had been managing the service since it had opened and these factors contributed to the fact that the service was well run in all aspects, and both people using the service and staff were happy living and working there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe living at the home. Staff knew what steps to take if they suspected abuse and had attended safeguarding training.

There were enough staff to meet the needs of people.

Medicines were stored and managed appropriately and medicines

administration records (MAR) were all completed correctly.

Both individual risk assessments for people and environmental risks were carried out which helped to ensure people were kept safe.

Good

Is the service effective?
The service was effective.

People were able to lead independent lives and were not restricted from leaving the home. Staff displayed a good understanding of the Mental capacity Act 2005.

Staff received regular training and supervision.

People's healthcare needs were met through regular appointments with relevant professionals.

People told us they cooked for themselves with staff support. The kitchen was well stocked with food which they were able to access when they wanted.

Good

Is the service caring?
The service was caring.

There was a friendly, relaxed atmosphere at the home. People were able to meet family and friends and maintain relationships.

Their privacy and dignity was respected by staff.

Good

Is the service responsive?
The service was responsive.

Care plans were reviewed regularly. People were able to pursue activities of their choosing.

The provider had an appropriate system in place for managing complaints.

People told us if they were not happy they would speak to staff or the manager.

Good

Is the service well-led?
The service was well led.

Staff felt valued and they told us there was an open culture at the service.

Good

Summary of findings

The registered manager was hands on and familiar with all aspects of the service. Quality monitoring for the service was carried out.

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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 7 May 2015 and was unannounced. The inspection was carried out by an inspector. The service met the requirements of the regulations during the previous inspection which took place on 7 May 2013.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

We spoke with two people using the service, one relative, and three staff including the registered manager. We looked at two care records, three staff files and other records related to the management of the service including, training records, audits and complaints. We also observed interaction between staff and people using the service. We contacted health and social care professionals to ask their views about the service following the inspection.

Good

Is the service safe?

Our findings

People using the service told us that they felt safe living there. They said, "I feel safe", "I'm fine", and "I like living here, staff are nice to me." Staff were aware of their responsibilities in terms of reporting any safeguarding concerns. A local authority safeguarding flowchart poster and another poster with contact details for the safeguarding team were on display in the main entrance of the service. Care staff had attended safeguarding training and were able to tell us about different types of abuse and how they would identify signs of these when working with people using the service. One staff member told us, "You would look out for any changes in behaviour, for example if they became more withdrawn."

We checked financial records of one person using the service and saw that the service was vigilant and appropriate checks made when financial transactions occurred. Receipts were obtained for any items bought and the registered manager carried out regular audits which minimised the potential for financial abuse to take place.

There had been no safeguarding concerns in relation to this service since the previous inspection and no concerns were highlighted by the local authority safeguarding team.

Instructions were on display which told staff what steps to take if people displayed behaviour that challenged the service. They contained steps that both people using the service and staff could take. They were written in an easy read format and easy to follow. When we spoke with staff, they were familiar with these steps and told us that because they had worked with people for a long time they were known to be tried and tested methods. They told us, "We usually give him space, let him calm down. He then opens up and tells us what's worrying him" and "we don't restrain people, we talk to them or leave them be for a while".

Staff were aware of the extent of people's learning disability and told us they used behavioural charts to record instances of behaviour that challenged. They said "these get reviewed by the community nurse and [the consultant psychiatrist]". Staff were also familiar with potential triggers for instances of behaviour that challenged. Behaviour guidelines developed by community mental health and learning disability teams made reference to how the service could best manager people's behaviour and provided guidance around structured routines, maintaining boundaries, appropriate communication and ways in which they could provide positive reinforcement.

Risk assessments also considered the probability of the risk occurring and the level of risk. We saw examples where positive risk taking was encouraged, for example one person was identified of being at risk while out in the community and therefore required staff support. However, the service had assessed the level of risk when going to another service to be low so they were considered safe to go there independently.

Safety checks for the living environment were carried out which helped ensure people were kept safe from environmental dangers. These checks included regular portable appliance testing (PAT) on electrical equipment at the home, a fire risk assessment, emergency lighting, gas safety, fire system and electrical installation. Weekly fire alarm tests were conducted and fire drills carried out every six months.

We found that there were enough staff to meet the needs of people. We looked at a sample of staff files which showed that robust checks were undertaken before people were offered jobs as care staff. These included criminal record checks, references, and identity checks.

Both people using the service and staff said that staffing levels were sufficient. There were two staff on duty during the day and a sleep in staff member at night. People were able to go out independently and did not always need staff support. They told us that they felt safe going some places independently but when needed, staff accompanied them. We observed this to be the case during our inspection when one care staff member went out with a person using the service. People were independent in terms of their daily living skills and did not require staff support with personal care which meant that the number of staff on the rota were sufficient to meet the needs of people. No agency or bank staff were used by the service, other staff from services owned by the provider were used to provide cover if required. This meant that there was continuity of care for people by staff who were familiar with their needs.

People told us that they were given their medicines on time. They said, "I take my medicines, I know when I need to take them.". Staff said, "He is aware about coming to us for his medication."

Good

Is the service safe?

Each person had a medicines profile which had been reviewed recently. This contained information about the medicines that people were taking and any possible side effects; they were available in an easy read format. Staff who we spoke with had been trained in medicines administration and were able to tell us about the medicines that people were prescribed and what they were for.

Medicines were stored appropriately and were all found to be within date. Care staff completed Medicine administration Records (MAR) sheets when they administered medicines. We looked at a sample of these and saw that they were completed correctly.

Good

Is the service effective?

Our findings

People using the service told us that they liked the staff and felt that they were well supported by them. One person said, "Staff are nice, they help me with things." Another said, "They are helpful."

Staff told us they liked working at the service and they worked well as a team. They said, "It's really good, enlightening and a fulfilling job." They also said they received regular training and supervision.

The registered manager was aware of the new Care Certificate that was recommended for induction of new staff and said he was considering implementing this for the service.

Records of all the training courses that staff had attended were also retained. We saw that staff had attended training that was relevant to the needs of people using the service within the past year. This included topics such as behaviours that challenge, autism awareness and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We also saw that staff were up to date with their mandatory training which included fire and food safety, first aid, health and safety and equality and diversity. Staff were assessed as being competent in supporting people with their medicines and spoke with confidence when we asked them about aspects related to their training.

Records showed that staff were supervised and appraised. Appraisal records recorded how staff had performed during the previous year and looked at achievements, attendance, teamwork, job knowledge and their attitude. They contained comments by both the care workers and the registered manager.

Staff were knowledgeable about the MCA and its importance for people using the service. They told us, "Mental capacity is about looking after their best interests and keeping them safe", "Helping them make decisions that are safe", and "Giving them freedom to make decisions."

People were not restricted from leaving the service which they told us and we also observed to be the case during the inspection. Staff told us, "They do have freedom, we encourage them to go out", "I don't think they are restricted, they have freedom to do what they want as long as they are safe", and "they go out during the day, wherever they feel like. They tell us where they are going."

The registered manager was aware of the need for people to make their own decisions related to how they lived their lives. In relation to this, certain limitations were agreed with people and staff were clear that these were not enforced. This included things like going out late and a restriction of the number of phone calls that they made. People using the service had agreed to these limitations and were also aware that these were not forced upon them.

People using the service told us they planned their own menus and cooked independently with some staff support. They told us about the types of things that they liked cooking which included pizza, chips, chicken, patties, beans on toast, sandwiches, pies and salmon. They said, "I can cook, I make spare ribs and chops", "I had some jam and toast for breakfast" and "Tonight I'm making chicken and mash."

Staff said, "They usually decide what to have", "They are supervised while cooking", and "They usually cook separately."

Both people using the service shared a kitchen and cooked separately. The kitchen was kept clean and was well stocked with food. Fridge temperatures were taken daily and opened food items labelled with their expiry date. People were able to help themselves to snacks when they wanted.

People had a health action plan in which their physical and mental health needs were identified. People using the service told us they were able to see a GP if they needed to. People told us "I go to see someone if I am not well" and "I get to see [consultant psychiatrist]."

Staff said that they were responsible for ensuring people were seen by their GP or other professionals such as their dentist if needed. A consultant psychiatrist and other professionals carried out regular reviews. This was evidenced in the care records that showed communication between the service and other healthcare professionals. Care records also contained behaviour guidelines developed especially for individual people by the community mental health and learning disabilities team.

Good

Is the service caring?

Our findings

People using the service told us they liked living at the service and were able to lead independent lives. They said they were able to go out and maintain relationships with families and friends. They said, “I go to my mum’s”, “I do things myself”, “I’m happy here” and “My dad rang me and picked me up and took me to my mum’s.”. They described staff as “Fine”, “Chatty” and “Nice.”

Staff told us, “They go out shopping and to our other service”, “Both people using the service speak to their families and are in contact with them”, “It’s a nice atmosphere here” and “They are independent, they do their own personal care and hoover their own living space.” The atmosphere in the home was lively and communication between people and staff was friendly. People were playing Xbox or listening to music and also went out during the day.

People’s right to privacy and dignity was respected by staff. Each person had their own bedroom and separate lounge in which they could relax and entertain family and friends in. Both people shared a kitchen and a dining area which they said suited them. We saw that staff were respectful when entering people’s living areas, for example they asked their permission before using their lounge. One person had a girlfriend visit during the day and staff made them feel welcome, they were able to spend time with them in their private living space. One person invited us to their room and told us, “I like my room” and “These are all my things.”

We saw that staff were familiar with people’s likes and dislikes, their personal preferences in terms of what they liked to do and eat and how they liked to spend their day.

People told us they were able to express their views and had their choices respected by staff. Although, none of the people had advocates the registered manager told us that this could be made available to people if required. No group meetings were held with people using the service due to the size of the service but people did not feel that these were needed. They told us they could speak to staff whenever they wished to.

Good

Is the service responsive?

Our findings

People using the service told us, "I go to McDonalds", "I've been to a 50 cent concert", "I like rap music", "I'm well", "I'm off to buy some curtains" and "I go shopping".

Both the people using the service had been living there for a while. We did not see any pre-admission records for either of the people using the service due to the length of time that had passed since people had moved into the home, but we found that risk assessments and care plans were reviewed regularly and any changes acted upon. We found that the provider was responsive to people's changing needs.

Care plans identified an area of interest, actions, objectives, goals and outcomes and also people's comments/wishes. Areas of interest included physical health, emotional well-being, mental agility, needs in relation to medicines, eating and drinking and personal/domestic tasks. Staff were assigned as keyworkers for people using the service, they said, "I make sure I speak to him regularly. I offer support to him when he needs it", "Our views are considered when care plans get updated", and "We keep each other informed about how people are doing." Keyworkers completed monthly notes with details about their interaction with people, what activities they did and how they were feeling. They told us that this helped when it came to reviewing people's care as it gave an overview of how people had been feeling. Key worker notes were also viewed by other healthcare professionals when they carried out their reviews of people's care.

People enjoyed activities with people from other services run by the provider, including barbeques, visits to themes parks and dinners. Staff were familiar with people's interests and the type of activities they did or did not like. They gave us examples of activities they had encouraged people to pursue like going to the gym or taking them to movies.

One person's care plan did identify that there was a lack of interest in activities. We saw that staff had tried to encourage this person in offering various activities but had noted a lack of engagement from this person. We saw that the service was proactive in responding to this lack of interest by contacting the community psychiatric nurse (CPN) who had developed a positive behaviour support plan in response to this.

People using the service told us they knew how to make a complaint or raise a concern. They said, "If I was not happy, I would speak to [the registered manager]", "I would tell staff if I had any problems", "There's nothing to complain about" and "Everything's good." Staff told us that if people came to them with a complaint, "I would address any concerns with them and then speak to [the registered manager]."

There had been no formal complaints about the service from people or relatives but concerns raised were recorded in a complaints book and we saw that staff also recorded concerns and responded in a timely manner. Many of the recorded concerns were about minor issues that were dealt with without the need for formal investigation.

Good

Is the service well-led?

Our findings

Staff using the service told us they felt well supported and said there was an open culture at the service. They said they would not hesitate to raise any concerns with the registered manager or owner and told us they had no doubt that their concerns would be listened to and acted upon.

One of the staff who we spoke with was familiar with the service as they were also a relative of a person using the service at another home run by the provider. They told us that in their experience as a relative and a staff member they were extremely satisfied with the provider and the caring attitude it had towards people using the service and its staff.

The registered manager had been managing the service since it had opened and was hands on. He was familiar with both the needs of people using the service and with other aspects of the service such as the staff, training, care planning and policies. He had established good working relationships with external health and social care professionals including service commissioners, community nurses and consultant psychiatrists. He was aware of his responsibilities in terms of notifying CQC of any reportable incidents. Staff comments included, “It’s a good place to work, we get a lot of support” and, “He is approachable.”

Staff meetings were held every month and they provided an opportunity for any issues about the service to be discussed with other staff members. Staff also told us that they were given opportunities to develop and take on more responsibilities in the management of the service. One care staff said, “As a senior member of staff, I do have duties in terms of supervising other staff.”

Due to the size of the service, formal feedback surveys were not sent to people or their relatives. However, people told us that they were happy to give feedback to staff either during keyworker meetings or when they felt the need to.

Staff recorded details of incidents and accidents in a book; we saw that there had been no recorded incidents at the home. This was reflected in the feedback received from service commissioners.

Health and safety checks were carried out for the home on a regular basis which meant that the environment was safe.