

Together for Mental Wellbeing

York Road

Inspection report

31 York Road
Sutton
Surrey
SM2 6HL

Tel: 02086426310
Website: www.together-uk.org

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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

At our previous comprehensive inspection of the service in November 2017 we found the service was breaching regulations in relation to safe care and treatment and good governance. We rated the service requires improvement. People were at risk of not receiving sufficient levels of support that was appropriate to meet their needs. The care files and reviews we inspected were not all up to date. Some people's risk assessments were not updated or revised following changes in their circumstances and care. Some care plans, reviews and risk assessments had not been signed by people to indicate their agreement to what was written down on their behalf. We found the provider was not assessing or mitigating risks to people's safety effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some areas of this home were tired and needed refurbishment and redecoration. The annexe particularly looked drab and needed redecoration throughout, together with new carpets in the communal areas. After the inspection the provider sent us an action plan which identified how improvements would be made. At this inspection we found the provider had made the necessary improvements and we rated the service Good.

31, York Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single packages under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. 31, York Road can accommodate up to fourteen people with forensic mental health needs with care and support provided to help people rehabilitate in the community. There were eleven people using the service at the time of this inspection.

The service had a registered manager who was on long term sick leave and who left the service recently. The acting manager told us they would be applying to register as manager with the CQC. A registered manager is a person who has registered with the CQC 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 provider managed risks to people's care, including those relating to medicines management and infection control. Staff received training in managing medicines and the provider assessed staff were competent. Processes were in place to protect people from abuse and neglect including staff training.

People were supported to maintain good health and have appropriate access to healthcare services. People were encouraged to plan, shop and prepare their own food. We saw they had a varied and nutritious diet.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing.

There were safe recruitment practices to help protect people from the risks of being cared for by staff assessed as unfit or unsuitable. There were enough staff to meet people's needs.

People were assessed as having the capacity to make decisions for themselves and were supported to do so. Staff had received appropriate training and had a good understanding of the Mental Health Act (MHA) 1983 and the Mental Capacity Act 2005 and knew when each set of legislation applied.

People had care plans outlining the goals they wished to achieve and what support they required from staff. People were involved in planning their care and their views were sought and planned for as an important part of the process.

Staff respected people's privacy and treated them with respect and dignity.

People knew how to make a complaint or how to raise a concern if they needed to do so. The acting manager told us they reviewed all complaints to check if there were any trends emerging that needed addressing in order to improve the service.

Staff said the acting manager was doing a good job in the absence of the registered manager. They told us he was supportive and they felt able to raise any concerns they had with him. Staff said the acting manager included them in discussions about the service and they felt involved in service progression and development.

The results from the last satisfaction survey were positive. They showed that people were satisfied with the support provided by staff and the services more generally in the home.

The provider had greatly improved their auditing processes that ensured areas of staff practice that previously needed improvement are now of a good standard. People's risk assessments and care plans were regularly reviewed and updated as required and staff medicines practices met good standards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The provider assessed and managed risks relating to people's care.

Systems were in place to protect people from abuse and neglect.

There were enough staff to care for people and the provider checked staff were suitable to work with people.

People's medicines were managed safely.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service was well-led. The registered manager understood their role and responsibilities and had sufficient oversight of the service.

Systems were in place to gather feedback from people using the service and staff

Good ●

York Road

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 3 December 2018 and was unannounced. This meant the registered manager and staff did not know we would be visiting. At the last inspection in November 2017 we found the provider was not meeting the regulations in the safe and well led domains. We rated the service "requires improvement" overall.

The inspection team consisted of one adult social care inspector and a dental care inspector. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The dental inspector looked in detail at how well the service supported people with their oral health. This included support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted health and social care professionals who worked with the service to gain their views of the care provided by staff at York Road. During the inspection we spoke with five people who used the service, four members of staff and the acting manager. The registered manager was on long term leave on the day of this inspection and had recently left the service. We looked at three people's care files and three staff files which included staff recruitment, staff training and supervision.

Is the service safe?

Our findings

At our comprehensive inspection in November 2017 we identified a breach in relation to safe care and treatment. The provider did not always assess risks to people's care and did not manage people's medicines safely. After our inspection the provider wrote to us setting out how they would become compliant. At this inspection we found the provider had followed their action plan and improved.

Following the last inspection, the provider implemented a new computer based needs, risk assessment and care planning process. At this inspection we found the new process helped to ensure the provider assessed and managed risks relating to people's care safely. We saw risk assessments were carried out for all the people living at York Road and we noted they were comprehensive in their coverage of the risks faced by people and by staff. Good risk management plans were established to guide staff in managing and reducing the risks. Our discussions with staff showed they understood how to reduce the risks to keep people safe. Risk assessments and management plans were reliable for staff to follow as the provider kept them under review.

People received their medicines safely. Some people were assessed as being able to administer their medicines themselves. These people received minimal assistance and supervision from staff, others had their medicines administered by staff. One of these people told us, "Staff do make sure we take our medication." Staff received training in medicines management and the provider introduced annual competency assessments to check they followed best practice. The provider also introduced personalised risk assessments with clear guidance for staff on safe medicines management. Since our last inspection the provider audited medicines records weekly to check people received their medicines as prescribed. Medicines records showed the way staff recorded medicines management had also improved.

All prescribed medicines including controlled drugs (CDs) were available for people on the day of the inspection. The CD cabinet was compliant with regulations. Two members of staff checked CDs daily. We checked the CDs and we saw the stock reflected the quantity written in the CD registers. A designated member of staff was in charge and held the medicines keys for CDs at all times. Staff handled waste medicines appropriately. Staff took daily current temperature readings for the room where medicines were stored.

The provider facilitated people to self-administer their medicines if this was part of their care and support plan and was appropriate. People were provided with a lockable cupboard in their bedrooms if they were assessed as being able to safely self-administer their medicines. We saw risk assessments were completed for this activity. In addition, the medicines policy outlined numerous types of self-administration. This meant that staff could provide varying levels of support depending on what individuals needed. People were taught how to complete medicine administration record (MAR) charts and daily stock counts of medicines.

People were safeguarded from abuse. Staff received training in safeguarding adults and our discussions with staff showed they understood their responsibilities. The provider was aware of the process to follow in responding to any safeguarding allegations including reporting them to the local authority safeguarding

team and to the Care Quality Commission. Our check of the records evidenced concerns were reported appropriately and investigated properly. The acting manager responded to any accidents, incidents or near misses in the home and had systems to record them and look for any patterns to help improve people's care.

There were enough staff to care for people safely. People told us there were sufficient staff numbers to provide the support they needed. Staff told us there were three people on duty for each shift and at night a waking and a sleep-in member of staff. This was evidenced on staff rotas we examined and by staffing levels present on the day of this inspection.

People were supported by staff who were suitable to work with them. The provider carried out recruitment checks which included an interview, obtaining references from former employers, checking identification, health conditions, the right to work in the UK and criminal records. The registered monitored the suitability of staff to care for people during their probationary period by working directly with them and gathering feedback from people and from other staff.

Risks relating to infection control were reduced by staff. Staff received training in food hygiene and infection control. Any risks were identified in people's care records. Our discussions with staff showed they understood precautions to take when providing personal care and preparing food.

Is the service effective?

Our findings

At the last inspection we saw some areas of the home were tired and needed refurbishment and redecoration. Some longstanding repairs had not been attended to. At this inspection we found all the areas of the home that required refurbishment had been completed to a good standard and the home looked fresh and clean. People commented on this to us and we found this had had a positive impact on people's wellbeing.

People were assessed holistically, taking into account their choices and preferences where ever possible. Comprehensive care plan information was drawn up together with people from their needs and risk assessments and also by using information provided for each person by the referring hospitals multi-disciplinary mental health teams. The referral information formed part of the initial placement process for people moving to this home. Ongoing support was also provided by the community mental health teams together with regular reviews of the effectiveness of the care and support people received.

Health and social care professionals told us they thought staff had the skills and knowledge needed to provide effective support for meeting people's needs. Comments included, "Staff seem to be knowledgeable about the people they support and they contribute to the co-ordinated care we provide for people" and "Staff are very enthusiastic and positive in their attitude towards helping people and they are well trained."

People received support from staff who were well supported. Records showed staff received regular supervision during which they reviewed the best ways to care for people as well as identifying any training needs. Staff received an annual appraisal to review their performance and set goals for the coming year. The provider checked the competency of staff to provide care during their induction and probation period with the service. This included shadowing more experienced staff and having their practices monitored by senior staff. Staff received regular training in topics including the safe administration of medicines, safeguarding adults, first aid, privacy and dignity and person-centred care to keep their knowledge up to date. Staff also received a wide range of additional training which included for example self-harm and suicide, working with challenging behaviours, complex mental health needs and equality and. Staff told us the manager supported them well and was readily available to guide them when required.

Staff completed medicines training and competency assessments before they were able to administer medicines to people. The training involved e-learning as well as shadowing other members of staff during the medicines round. The medicines competency assessment form was completed annually with supervision from a senior member of staff.

People were supported to maintain good health and have appropriate access to healthcare services. We checked people's care files and we found records on these files recorded healthcare appointments they had, together with the date. We could see that all the people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans and this showed that people's health was seen as an important part of their overall care. Staff told us they encouraged people in key working sessions to help them recognise the importance of maintaining good physical health and the links with good mental wellbeing. Care and support people received was

documented in their records and this included information about the support people needed to access healthcare services such as the GP, community psychiatric nurse or psychiatrist.

All but one of the people living at York Road had the capacity to make decisions about specific aspects of their care and support at the time of this inspection. Staff had received appropriate training and had a good understanding of the Mental Health Act 1983, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to help protect people's rights. 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.

The acting manager said people's capacity to make important decisions was always discussed at their care planning meetings so everybody was aware of the person's ability to decide on what was in their best interests. The provider had systems in place to consider whether an MCA was necessary and to make decisions in their best interest if they lacked capacity. The provider checked whether relatives had legal authorisation to make decisions for people and retained evidence on their files. The provider obtained written consent from people to provide care following their care plan and staff understood people could withdraw their consent at any time. Staff received training in the MCA and our discussions showed they understood their responsibilities in relation to the MCA.

Is the service caring?

Our findings

People told us they felt well treated by staff and the support they received helped them on their path to recovery and rehabilitation. All the people we spoke with said their aim was to live as independently as they could in the community and wanted to live in their own accommodation. They said they thought the service supported them in a caring way to achieve this. Staff knew people well and understood their needs.

Staff told us they read people's care plans together with all the other documentation held on their care files. Staff said there was comprehensive referral information that accompanied people at the point of referral from hospital and this provided a helpful picture of the person. They said this helped them to better understand the person's needs, their preferences and their personal histories so that they were enabled to develop a more caring approach to people.

We saw there was useful information displayed on noticeboard in the main hall about advocacy services that people could access and knew about. People told us they thought this was helpful to them and one person said, "We know we can use advocacy services if we want to but we get support from staff here and from the community teams, we don't really need it."

An important part of the process of rehabilitation is to help people to make decisions about their everyday life and to be part of the planning for their futures. People told us they were encouraged to be as independent as possible and were supported to learn appropriate life skills that would enable them to achieve their maximum potential. They told us they were actively involved in their rehabilitation programmes and were encouraged to make decisions about their care and support needs. The aim of the programme of care and support provided at York Road was to enable people to move on to more independent accommodation and to successfully support themselves wherever possible. The care records we saw showed wherever people were able to do so, they were involved in making decisions about their care and support and their consent was sought and documented.

We saw that people's right to privacy and dignity was respected. Care plans set out how these rights should be supported by staff. This included maintaining people's privacy and dignity when their care was being discussed. People told us staff knocked on their doors and waited for permission before entering. We also observed instances where staff positively encouraged people to respect the personal space and boundaries of other people in the home. People's records were kept securely within the home so that their confidential personal information was protected.

Is the service responsive?

Our findings

People received individualised care and support. The care and support plans we inspected detailed people's physical, mental, emotional and social needs and integrated these needs with an outcome based plan of support structured to ensure these needs were met effectively. These support plan outcomes for people were drawn up together with them, their relatives and health and social care professionals and were signed off by all parties involved in the process. We noted the plans were clear and easy to follow, providing clear guidance for staff. Staff told us people's care and support plans provided good information that helped them provide effective and responsive care.

People's plans were reviewed on a regular basis to help to ensure their needs were met appropriately. People told us they were invited to attend their reviews and had regular meetings with their keyworkers where their care was discussed. We saw from the documentation we inspected that regular Care Programme Approach reviews were held annually where people's care was discussed with them and the health and social care teams which supported people in hospital and in the community. People told us this all helped them to be actively involved in their care programme and people told us they felt they were listened to and were enabled to make decisions about their care appropriately. People told us their regular key working sessions also provided them with space where they could have an ongoing discussion about their preferences and their aims and how they would achieve their eventual longer-term goals. They said that group meetings in the house provided an arena for people where they could share their anxieties and their hopes and wishes for the future and develop their confidence. We saw minutes of the keyworker sessions that evidenced what we were told.

When we spoke with staff they demonstrated an open and honest approach with people. As an important part of providing a positive rehabilitation programme for people with forensic histories we noted staff were clear about boundaries for people they needed to observe in their daily lives. All the people we spoke with told us they hoped to achieve as much independence in their lives as they could. Staff worked with people in ways assessed as being most appropriate to meeting people's individual needs. Health and social care professionals told us staff worked with them in a co-ordinated way and this helped them to deliver the best care for people. People were empowered to be actively involved in making decisions about their care and this contributed more effectively to people achieving their maximum potential.

We saw for people whose behaviours sometimes challenged the service, the input of the community mental health teams together with the use of positive behavioural support had really helped to reduce these behaviours. The impact of this was clearly to improve people's quality of life and enable them to engage more with their care plans and take a step closer to reaching their aim of rehabilitation.

People told us they knew how to make a complaint if they needed to. Comments included, "I'd speak to staff or to the manager"; "I'd talk to the manager or even the area manager who comes here quite often." The acting manager told us issues also got discussed at the house meetings. The complaints process was displayed in the main hall so people were aware of how to complain if they needed to. We reviewed the complaints received in the last year. We saw that where a complaint was made this was investigated and the

complainant responded to with the outcome of the acting manager's investigation. We saw that complainants could be invited to a meeting if they wanted to discuss a complaint further. The acting manager told us they reviewed all complaints that had been made to check if there were any trends emerging. None had been identified at this inspection.

At the time of the inspection, nobody was receiving end of life care. There was however a comprehensive policy and procedure in place for staff to follow if and when the need arose. The registered manager told us staff received training so that they could work sensitively with people to offer support to people to plan for future events taking into account people's wishes.

Is the service well-led?

Our findings

At the last inspection we found there were insufficient or ineffective audits in some areas of staff practice and procedure. For example, some people's care plans and risk assessments were not up to date and staff practices to do with medicines did not always ensure safety for people. At this inspection we found the provider made significant improvements that now ensured the audit procedures were sufficiently comprehensive to ensure the provider's own policies and procedures were being carried out as was expected or as required.

We saw evidence of a monthly audit carried out by a senior manager from head office. The purpose to independently review the quality of the care being provided for people using the service. These audits were carried out along similar lines to the Care Quality Commission's inspection process using the five domains of safe, effective, caring, responsive and well led. We were told that each month a different area was audited and a report written. We saw the reports from the audits that were carried out over the previous two months and we can confirm the comprehensive nature of these audits. They included checks on medicines management, risk management and support plan reviews, health and safety processes and fire safety equipment. Where any improvements were identified an action plan was drawn up and reviewed to help to ensure progress was made.

Staff completed regular medicine audits (weekly and monthly) and at this inspection we saw these audits were robust enough to identify medicines concerns. A pharmacist also conducted a comprehensive medicines audit earlier in the year and this also was positive in the report it provided with no concerns identified.

The registered manager was on long term sick leave at both this and the last inspection. At the last inspection there was an acting manager in place and the same person was acting as manager at this inspection. (The provider submitted a Regulation 14 Notice of Absence to inform us of this absence). The acting manager told us the registered manager had retired within the last month and that he would now apply to be registered as the new manager with the Care Quality Commission.

Staff told us the acting manager was supportive and they felt able to raise any concerns they had with him. Since the last inspection the staff group has remained quite stable. This provided people with greater continuity and consistency and comments we received from people reflected this. They included, "Much better now. Most of the staff have been here for a while, so they know us and we them"; "I like to have the same staff supporting me, because they know me better."

Staff said they felt a good team spirit was developing given the new members of staff who had joined in the last few months. They said they felt well supported by their colleagues. Staff said the acting manager included them in discussions about the service and they felt involved in service progression and development.

We saw from inspecting the minutes of the monthly staff team meetings there were a range of discussion

topics. Some were to do with practical household matters such as maintenance issues. Others involved issues or concerns about current working practices and if there were any updates and changes within the home that staff needed to be aware of.

The provider asked people who used the service and staff for their opinions and they were asked to complete a satisfaction survey earlier this year. We viewed the findings from the last satisfaction survey undertaken for 2017 - 2018. The results were positive with a 79% response rate from people who used the service. The highest scoring areas included where people felt they were able to decide their own care plan objectives. People also felt staff support was very good and they were optimistic about achieving their care main objective which was to move onto more independent living. The acting manager showed us their analysis of the feedback and we noted an action plan was drawn up where improvements could be made.

The acting manager ensured that statutory notifications were sent as required by their registration with the Care Quality Commission (CQC). They were clear about what constituted a reportable incident and how to do so.