

Dhaneswar Dooraree

London Mental Health 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

The London Mental Health Centre is a care home that provides support to people with a mental health condition. The home can accommodate up to 15 people. At the time of the inspection there were 14 people using the service.

At the previous inspection on 23 April 2015, the service was rated Good. At this inspection, we found the service remained Good.

People continued to be protected against harm and abuse because staff received on-going safeguarding training. Staff were able to identify the different types of abuse and how these may manifest in people's behaviour. Identified risks were documented in comprehensive risk assessments which gave staff guidance on how to safely support people. Risks were monitored to minimise the risk of repeat incidents.

People's medicine continued to be managed safely. The service had robust systems in place to ensure people's medicines were stored, administered and recorded in line with good practice. People confirmed staff supported them to receive their medicines as prescribed.

The service maintained a core staff team enabling a consistent approach for people. Staffing levels were sufficient to ensure people's needs were met safely. Staff received on-going training and put their knowledge into practice. Staff received support and guidance from the registered manager and reflected on their working practices through regular supervisions and annual appraisals.

People's care was delivered in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff sought people's consent to care and treatment and respected their decisions. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People received support to ensure their dietary and nutritional needs were met in line with guidance from healthcare professionals. We received mixed feedback about the quality of food provided, this was raised with the registered manager and we were satisfied with their explanation. People's health and wellbeing was monitored by staff and where deterioration in their mental health was identified, the appropriate healthcare professionals were contacted in a timely manner.

The service continued to encourage people to make decisions about their care. The service had an embedded culture of supporting people to maintain and where possible enhance their independence. Staff were aware of the importance of integration and supported people to access the local community without direct support when assessed.

People received support that was person centred and care plans were devised with their input. Care plans were regularly reviewed to reflect people's changing needs and guidance from healthcare professionals was

documented and encompassed in people's care plans. People were not always aware of how to raise a complain, however the service encouraged people to share their views and complaints were monitored to minimise the risk of repeat incidents.

The registered manager was an active presence within the service. People found the registered manager approachable and told us he responded to their requests in a timely manner. The registered manager undertook audits of the service to drive improvement. Issues identified in the audits were acted on in a timely manner.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

London Mental Health 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 14 & 28 June 2017 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to 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.

During the inspection we spoke with seven people living at the service, three care support workers, a healthcare professional involved with people who use the service, the registered manager and the provider.

We looked at seven care plans, five staff files, four medicine records. We also looked at audits, fire safety, complaints file and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "Yes, I suppose I do feel safe." Another person said, "Yes [I feel safe]." A health care professional we spoke with told us, "The staff are very good and do keep people safe."

The service had embedded systems that protected people from harm and abuse. Staff were aware of the different types of abuse and how the correct procedure in reporting their concerns. Staff were confident that their concerns would be acted on immediately. Staff received on-going training in safeguarding and whistleblowing and put their knowledge into practice. Records confirmed safeguarding incidents were raised with the local authority safeguarding teams.

People continued to be protected against identified risks. The service had robust risk assessments in place that identified the risk and gave staff clear guidance on how to minimise risks. Risk assessments covered, managing mental health, managing finances, compliance with medicines, therapeutic activities and support with personal care. Where there had been an escalation in a person's behaviour that others find challenging, the service sought advice and guidance from health care professionals to mitigate the risks identified. For example, through regular Care Programme Approach (CPA) meetings. Staff told us risk assessments were reviewed regularly to reflect people's changing needs and records confirmed this.

The service continued to employ sufficient numbers of suitable staff to keep people safe. One person told us, "There's more than enough [staff]. However, there's not so many at the weekend." A staff member told us, "I think it's quite good and we have enough staff. I don't really recall being short staffed. If staff are unwell then other staff cover that shift." A second member of staff said, "I don't think there is a need for more staff during the day. If people have appointments, more staff are put on the rota to cover." Rotas showed there were sufficient staff deployed on shift to keep people safe.

The service had a robust recruitment practice they followed to ensure only staff who had gone through a vetting process were employed. Staff files contained two references, proof of identification, employment history and a Disclosure and Barring Service's (DBS) check. A DBS is a criminal record check employers undertake to enable them to make safe recruitment decisions.

People continued to receive their medicines safely and in line with good practice. People confirmed they received their medicines on time and as prescribed. A healthcare professional told us, "I'm not aware of any issues relating to medicines [management]." A staff member told us, "I have had medicines training. It was very helpful and I would report any medicines errors immediately." The service carried out daily and monthly medicine audits, this meant that any errors were identified swiftly and action taken to minimise the impact on people. We looked at people's medicines and found these were stored, recorded and administered as prescribed. The medicine administration records (MARs) were clear and completed correctly. Staff were aware of the correct procedure in reporting their concerns.

Is the service effective?

Our findings

The majority of people we spoke with told us they felt the staff received sufficient training to deliver effective support. For example, one person said, "Yes I think the staff are well trained." A health care professional told us, "The staff are efficient and are coping." However, one person we spoke with said, "I don't think [staff are well trained]. It's a mental health service but the female staff aren't too bad." We found no evidence to support this statement that staff are not well trained.

Upon commencing employment, staff were supported to undertake an induction. During the induction staff were given a series of competencies they needed to complete prior to working without direct support. Once a senior member of staff deemed the staff member was competent in a specific area they signed the competency checklist. Staff confirmed they received an induction and shadowed a more experienced member of staff. One staff member told us, "My induction lasted around three days. We were showed the care plans and familiarised with the people who live here. We also completed a fire drill and read the policies and procedures." Staff confirmed they received on-going training to enhance their skills and knowledge. One staff member said, "My training is up-to-date. If we [staff members] feel the need for more training in a particular area the registered manager would help us access that training." Records confirmed staff completed all mandatory training and training specific to people using the service. For example, safeguarding, medicines management, Mental Capacity Act 2005 (MCA), fire safety, challenging behaviour and equality and diversity.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's care was delivered in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff sought people's consent to care and treatment and respected their decisions. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff and the registered manager understood their responsibilities in line with the MCA. One staff member told us, "The MCA is for people living in a care setting and supporting them to make decisions. If they are unable to do so and they are assessed as lacking capacity we would hold a best interest meeting." Records showed that the registered manager had applied for DoLS in line with legislation. At the time of the inspection three people were subject to a DoLS authorisation.

We received mixed feedback regarding the food and drink provided by the service. Two people told us they were unable to access sufficient amounts to eat and drink during the night. However, other people told us they could access food and kept food in their fridge in their bedroom. We spoke with the registered manager about people's access to food and drink especially during the night. The registered manager explained that people were encouraged to request snacks they may want in the night earlier in the evening. Due to DoLS in place there were restrictions on people's access to the kitchen. However, food and drink was provided if requested.

People told us that the quality of food varied, for example, one person told us, "Food is very good especially by [named cook]." However one person said, "It's [the food] cheap and you don't get much of it. You do get a lot of chicken. There are two choices, a sandwich or soup and you don't get proper meals here." We raised our concerns with the registered manager and were satisfied with their explanation. A healthcare professional told us, "The staff follow the guidance given in relation to healthy eating, I have never seen any complaints of people not having enough to eat. People with particular conditions would eat yet always feel hungry immediately after, there's always juice out for them to help themselves." We looked at the menu plan and found people were provided with options for lunch and if they did not wish to have what was on the menu, an alternative was provided.

People continued to receive support to make healthy lifestyle choices. One person told us, "I've seen the opticians recently and the dentist". Staff confirmed healthcare professional involvement was sought regularly and guidance given implemented into the delivery of care. People were supported to access healthcare services to monitor and maintain their health where appropriate. Records confirmed people were supported to attend, medicine reviews, G.P appointments and hospital outpatients appointments.

Is the service caring?

Our findings

People spoke positively about the care and support they received from staff. One person told us, "Yes, [staff are caring] that's the feeling that comes across when they talk to you." Another person said, "I think they care about me." A visiting health care professional told us, "I believe people receive good quality care from staff." The service was a busy service, with people coming and going throughout the inspection, however there was a calm atmosphere and staff were observed talking to people respectfully and with compassion.

The service had an embedded culture of supporting people to make decisions about the care and support they received. One person told us, "I had a CPA meeting recently, they asked me a few questions". Staff were aware of the importance of empowering people to make decisions with one staff member saying, "We give people options that are available to them and try to encourage them to make decisions with that information." Throughout the inspection we observed staff offering people choices, in relation to meals, accessing the community and whether or not they wished to receive support.

People continued to have their privacy and dignity respected. One person told us, "They [staff] knock on the door." A visiting healthcare professional told us, "The staff try the best they can to maintain people's privacy and dignity." Staff respected people's personal space and were observed knocking on people's bedroom door prior to gaining entry. Staff told us, "I wouldn't enter someone room without permission. If someone comes into the communal area [with their dignity compromised] I would try to support them to ensure they aren't vulnerable."

People's equality and diversity was embraced and respected. People confirmed that staff would provide food that reflected their cultural preferences. One person told us, "The staff know the food I like and I can ask them to make it for me and they [staff] will." Staff treated people's cultural and religious beliefs with respect. People confirmed there were minimal restrictions on when friends or family could visit them at the service. Where there were concerns regarding visitors this was then shared with healthcare professionals and if required appropriate restrictions implemented.

People's independence was encouraged by staff in order to maintain and enhance their life skills. One person told us, "They [staff] let me do my washing. I would like to help cook [more] meals, we did cook pancakes the other day." A healthcare professional told said, "Staff encourage people to maintain their independence as much as possible. They treat people as individuals. Some people don't want to engage and go out independently but staff do encourage them." Staff demonstrated sufficient understanding on the benefits of encouraging people's independence and how by not doing so could de-skill them. One staff told us, "We support people with activities and daily life skills. For example their laundry and cooking meals. It can be a long process and we are supporting people to move onto further independent living. Sometimes we need to prompt, remind and encourage people to do things to increase their skills." Records detailed what areas of support people required in order to further their independence and staff were observed following these guidelines.

Is the service responsive?

Our findings

The service continued to deliver person centred care to people in a way they chose and in line with the care plans. One person told us, "Yes I do [have a care plan], it was written when I left hospital, I can't remember if it's been updated." Another person we spoke with said, "I have one [a care plan]." However a third person we spoke with told us, "I don't know what it is. I haven't seen one." We found no evidence to substantiate this statement as care plans were signed by people to ensure they understood and agreed to the planned support. Each person living at the service had a care plan that documented their history, life story, preferences and health and mental health care needs. Care plans were regularly updated to reflect people's changing needs to ensure staff gave the most up-to-date care and support. Where possible people were encouraged to develop their care plans in conjunction with staff and other healthcare professionals ensuring matters important to them were documented and adhered to. For example, one person told us, "They [staff] are interested in my views about things." Care reviews looked at people's mental health needs, physical needs, relationships, occupation and education, activities, accommodation, risks and medicines.

The service continued to encourage people to participate in activities, both in house and in the local community. During the inspection we observed people accessing the community to purchase items and food, meet with friends and to attend healthcare appointments. Activities available to people in-house included, board games, a full sized pool table, bingo, cooking sessions and coffee mornings. People's care plans contained an activities assessment which documented their likes and dislikes. One person told us, "I'm going out today, I go out all the time, sometimes I go out for quite some time." Staff were aware of the negative impact social isolation can have on people and how to identify if someone is socially isolated. One staff member told us, "If I was concerned I would try to talk to them and advise them. But I would report and document anything that led me to believe they were isolated."

We received mixed reviews from people around raising a concern or complaint. When asked if people knew how to make a complaint, one person told us, "Yes, there is a form you can fill out from the office." However another person told us, "No [I don't know how to raise a complaint]." We raised our concerns with the registered manager and were satisfied with their explanation. People were supported to have individual keyworker sessions whereby people were supported and encouraged to raise any concerns and complaints. We spoke with staff who knew the correct procedure in responding to and reporting people's complaints. Records confirmed complaints raised were fully investigated and a positive resolution sought in a timely manner, with some being concluded on the day the complaint was raised. At the time of the inspection the service had received four complaints in the last 12 months. During the inspection we observed people speaking with staff and the registered manager about concerns they had and staff responding appropriately.

People continued to receive support from a service that welcomed feedback and guidance from other healthcare professionals. People's health and wellbeing was regularly monitored regularly and records confirmed where concerns about how people presented including if there had been a deterioration in their mental health status were shared with healthcare professionals immediately. Health reviews included visits from care coordinators and medicines reviews. A quality assurance feedback form showed a comment from a healthcare professional stating, 'The service provided daily key working session when [person's] mental

health was deteriorating. Their mental health has now improved.'

Is the service well-led?

Our findings

The service continued to be well-led. We received positive feedback from people about the service, for example, one person told us, "It's a good service for the mentally ill people." Another person said, "Yes definitely. It's a vast improvement to being in hospital." People and staff told us the registered manager was approachable and would seek to resolve any issues in a timely manner. Staff also confirmed the registered manager listened to them and took their views and ideas on board. One staff member said, "He's [registered manager] a good person and approachable. He's also a good problem solver." A second staff said, He [registered manager] listens to staff and sees the needs of the people and makes sure those needs are met. He always addresses our concerns and I could approach him at any time." Throughout the inspection we observed people and staff seeking guidance and support from the registered manager.

The service had a registered manager in place. 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.

Staff told us the service empowered people to live fulfilling lives and the values of the service were shared with all staff. One staff member told us, "The values here are respect for one another, sharing knowledge and kindness." During the inspection we saw evidence of staff being respectful to people and demonstrating kindness and support.

The service had an embedded culture that strove for improvement in the service delivery. We looked at the audits carried out by the service and found these covered, care plans, risk assessments, maintenance, medicine management and staffing. The service followed the provider's policies in ensuring audits were carried out either daily, weekly, monthly or annually. Where issues had been identified the registered manager ensured action was taken in a timely manner to address the issues.

The service actively sought feedback to improve the quality of the service. The service sent out annual quality assurance questionnaires to people, their relatives and healthcare professionals. People confirmed they had been asked to share their feedback and received a questionnaire. Questionnaires asked for example, feedback on the quality of food provided and their views on staff. We looked at the latest completed questionnaires from May 2017 and found the service received mostly positive feedback. Where issues had been identified this was then shared with staff and discussed in the staff meeting.