

# 229 Mitcham Lane Limited

# Trevelyan Road

## Inspection report

140 Trevelyan Road  
Tooting  
London  
SW17 9LW

Tel: 02086729977

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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

Trevelyan Road is a residential home for four men with mental health needs.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

There was a new manager at the service who had submitted an application to become registered. 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.

People told us that staff were caring. There was a relaxed atmosphere at the home and the interaction between people and care workers was friendly. Some care workers acted as key workers to people which helped to develop caring relationships.

People were supported to live independent lives. They helped staff when they prepared meals and took an active role in doing chores around the home such as their laundry or tidying up.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were able to take part in a number of activities and community events such as football and gardening and attended workshops throughout the week.

People had their healthcare needs met by the provider, appropriate referrals were made when necessary to healthcare professionals. People received their medicines on time from trained staff.

There were enough staff on shift to meet people's needs, where people needed one to one support in the community this was arranged. Staff received regular mandatory training every two years and regular supervision.

Individual risk assessments and care plans were in place for each person. Steps that needed to be taken to manage risk were documented and followed by staff. Steps for staff to take to support people in meeting their recorded outcomes were met. This helped to ensure people had appropriate care and support.

There was an open culture in the home, with people able to come into the office and speak to staff. Regular meetings were held for both people using the service and staff.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was Good.

There was an open culture at the service.

The provider sought and acted upon the views of people and staff through meetings.

# Trevelyan 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 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 was a comprehensive inspection and took place on 10 October 2017.

This inspection was unannounced and was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service. We spoke with the director and four care workers. We observed care and support provided to people.

We checked records related to the management of the service. These included three care plans, four staff files, training records and audits.

# Is the service safe?

## Our findings

People using the service told us they felt safe and happy. They said that care workers looked after them. Care workers were familiar with safeguarding procedures and what steps to take in order to protect people from harm and abuse. They had received safeguarding training as part of their mandatory training. Safeguarding procedures and contact details for raising safeguarding alerts were on display in the staff office. There had been no concerns of a safeguarding nature since the last inspection.

Anticipated risks to people were recorded. These were individual to people using the service and included management plans on how the risks could be minimised. Care workers we spoke with were aware of the risks to people and how they managed them so that people were safe and the impact of the risk could be reduced. One care worker told us, "You have to complete a safety assessment every morning before [person using the service] goes out." Incidents and accidents reports were completed with details of the incident, the action that was taken and who was notified. Behaviour and activity books were also maintained which were used to document people's mood and behaviours.

All of the care workers had been working at the service for a number of years, no new staff had been recruited recently. Staff files had evidence of Disclosure Barring Service (DBS) checks. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions. There were enough staff to support people. On the day of the inspection, there were four care workers on shift. Where people needed one to one support when accessing the community, this was provided.

People using the service told us that staff supported them with their medicines. One person said, "They give me my medicines every day." Staff told us that people were compliant with taking their medicines. One care worker said "[Person] comes to us to ask for his medicines."

Staff were competent when administering medicines and completing MAR charts. The pharmacist provided medicines training to staff every two years.

Medicine Administration Record (MAR) charts were completed correctly. Medicines were stored correctly, in a locked cabinet. Each person's medicines were clearly identified and bottled medicines were labelled with the date they had been opened, these were all within date.

## Is the service effective?

### Our findings

People using the service were supported by staff who received regular training.

Care workers told us they were happy with the training they received. The provider arranged for mandatory training to be held every two years. We saw evidence that this had recently been done in August 2017. Topics covered included safeguarding, food safety, health and safety, manual handling, first aid, infection control and fire safety amongst others.

Staff files contained details of the training that had been completed by staff and also records of their supervision. Topics discussed at supervision included their performance, training and job satisfaction.

People using the service told us that staff supported them with regards to their eating and drinking. One person said, "[Care worker] is a good cook, he cooks Yam." Another said, "I had breakfast this morning, I made it myself."

Menus were planned in advance in consultation with people using the service. One care worker said, "We have a meeting with residents every month. They tell us what they would like to eat." Another said, "We cook together and encourage them [people] to participate." Menus were on display in the staff office. Cooked breakfast was available every day and culturally appropriate food was made. At weekends, people ate out at restaurants. The kitchen was stocked with food and ingredients so that people could cook independently.

People were supported to maintain good health and had access to appropriate healthcare professionals when needed.

People were referred to health professionals when the need arose. People were weighed every month, one person who had lost weight over a number of months was taken to the GP who referred them for further investigation.

Details of the community mental health and learning disability team who supported people using the service were on display in the staff office. There was evidence of input from the team in people's care and treatment and we saw that people had progressed and been discharged from their care back to their GP. Details of medical appointments were kept, along with hospital appointments, referrals and medicine reviews. Some people had a Wandsworth shared care plan which had details about people's health and their health action plan.

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

homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People led independent lives and were free to come and go. Although some people needed a staff member to go out with them in the community, they understood the reasons for this and this was done with their consent. Records had evidence of people's consent. People had signed contracts agreeing to live by certain rules whilst living at the home and had signed their consent forms giving their agreement for their medicines to be administered by the care workers.

## Is the service caring?

### Our findings

People told us that staff were caring towards them. People using the service told us, "I like it here", "[Care worker] is nice, I go out with him", "Its good here every day" and "I like the staff."

There was a relaxed atmosphere in the home. It was evident that people and care workers were comfortable in each other's company, for example, when a person's key worker came to start their shift, the person was very happy and greeted them warmly, telling them about their day.

People were supported to maintain relationships that were important to them. One person using the service told us he was going to meet his family on the day of the inspection. A care worker told us, "[Person's] mum comes every week."

People were involved in making decisions about their care, for example they were involved in planning their menus, how they liked to spend their day and the community activities they did. Staff respected people's privacy and dignity and only supported them with personal care when necessary and with people's consent.

People lived independent lives, each person had their own tailored daily activities planner with arrange of activities that interested them. Some of the comments included, "We have meetings on Saturday", "I go out shopping, I went yesterday", "I go garden centre by myself, I catch the bus" and, "We have our own washdays."

People's cultural needs were met by the provider. The service was for people of an Afro-Caribbean background. All the staff that worked at the service were of the same background and supported them to eat and take part in activities that were culturally appropriate.



## Is the service responsive?

### Our findings

People using the service were supported to access the community. They attended regular community sports activities; one care worker told us "They go football every two weeks."

People's care plans were based around their individual support needs.

Each care plan had an identified need, goals or objectives and actions or interventions that staff needed to take to help them achieve their objectives.

Although care plans had been reviewed recently to ensure they were current, we noted that the text of some of the support plans had not changed for a number of years, over a number of reviews. We spoke with the director and senior care worker about accurately recording people's progress against their objectives. In our discussions with staff it was evident they had supported people to make progress and had improved aspects of their daily living skills.

Care plans were evaluated every month, noting any changes to their support needs. A care worker said, "We review the care plans in consultation with people." Care workers completed daily notes which included details of any medical appointments, people's weights, details of their one to one sessions and details of the support provided. Each person was assigned a care worker who acted as their key worker. It was clear when talking to key workers that they knew their person well and were familiar with their likes and dislikes. Care workers told us, "He is an outgoing person, he likes socialising. We take him to the West End and Elephant and Castle", "As keyworkers we meet once a month with the residents"

People's daily planners, activities and choices were on display in the staff office. These were in a pictorial format. People's support plans were on display in the staff office, giving information of the different things people liked to enjoy. We saw that people were supported to access the community, for example attend college and community projects such as gardening or wood work. "I'm good", "I'm going workshop 305 today, tomorrow I'm going gardening", "I play pool and table tennis at the hope centre."

People using the service told us they would speak with their key worker or other staff if they were not happy. They said that staff listened to their concerns and acted upon them. People were given the opportunity to raise concerns during their monthly meetings which were attended by care workers.

There had been no formal, written complaints at the service in the past year.

## Is the service well-led?

### Our findings

At the previous inspection, we made a recommendation regarding clearer record keeping and maintenance. At this inspection, we found that record keeping had improved and they were more readily available. Incidents and accidents and key worker meetings had been recorded appropriately.

There was a new manager at the service who was applying for the post of registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider submitted statutory notifications to the Care Quality Commission (CQC) for incidents that were notifiable.

There was an open door policy at the service. Throughout the inspection, people came to the staff office to request things or speak with staff or the director. Staff told us the manager was approachable and the director was a regular visitor to the service. One care worker said, "The manager is fine, he is new but everything's good." Another said, "The director is approachable, he is open to everyone."

Staff and residents meetings took place every month. Topics discussed at staff meetings included key working duties and discussing people using the service. People using the service were able to discuss issues related to the home such as menus, living arrangements, and activities. Each meeting was chaired by a different person with the support from a member of staff.

Weekly medicines audits took place, this included checking the stock of medicines, the medicines that had been received and those that had been returned.