

The Brandon Trust

Mount Adon Park

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 8 March 2016 and was unannounced. Mount Adon Park provides accommodation and support for up to four people with learning disabilities. At the time of our inspection, four people were using the service.

The service had a registered manager. The registered manager was also managing other services for the provider. 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 service had a team leader who was responsible for managing the day-to-day running of the service.

We carried out an inspection of this service on 6 June 2014. At that inspection, we found that the service was not compliant in relation to supporting staff. The service did not provide staff with regular appraisals. At a follow up inspection on 23 September 2014 we checked if the service was meeting this essential standard and found that the provider had taken actions to support staff as required.

At this inspection we found two breaches of regulations for good governance and safeguarding service users from abuse and improper treatment. We found that not all identified risks were assessed and had risk management plans in place to reduce them. The service had not applied for DoLS authorisations. There was a risk that people were unlawfully restricted.

We found that the provider had not addressed our concerns in relation to staff support long term. We saw that staff did not have regular appraisal meetings, which meant that their developmental needs were not monitored to ensure good practice.

We recommend that the service seek guidance and support in relation to staff appraisals and take action to update their practice accordingly.

Staff provided people with support to ensure safe care. Staff had the skills and knowledge to identify potential signs of abuse and act on risks to people. Sufficient numbers of staff were available to people, which ensured their needs were met. Staffing numbers were increased when people required additional support. Safe recruitment practices were in place and followed to ensure that staff had the required skills to provide good care. Appropriate systems were in place to record incidents and accidents, which ensure that actions were taken as required. People received their medicines safely and as prescribed.

Staff were supported to provide good care for people. The service had systems in place to monitor staff's performance. Regular supervisions were carried out to discuss people's individual needs and to review staff's training requirements. Staff attended relevant to their role training courses and applied gained knowledge in practice.

The service followed the Mental Capacity Act 2005 principles and ensured that people were supported to make decisions for themselves on a daily basis. Staff provided adequate support to people with their eating and drinking needs and ensured their nutritional needs were met. People had necessary support to attend their health appointments when required.

People developed relationships with staff and felt respected by them. Staff were aware of people's preferences and provided support according to their wishes. Care plans had information on people's likes and dislikes. Records showed that people were involved in planning their care and made choices about the support they received. Staff supported people to learn new skills.

Staff supported people to attend regular meetings in order to review their needs and goals. Relatives were involved in making decisions about the support people received. People were supported to provide feedback about the services provided. Staff supported people to raise their concerns and complaints.

Staff were involved in developing the service and knew what was expected of them. Staff worked together as a team to provide good care for people. The team leader provided advice for staff when required. Internal audits were carried out to monitor the quality of the care provided for people at the service. People were provided with limited support to make choices about the food they wanted to eat and activities they wished to attend. This meant that we could not be reassured that the informed choices were available to people as required.

We made a recommendation for the service to seek advice and guidance from a reputable source, in relation to the requirements to support people with food and activity choices as appropriate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Systems were not in place to ensure that identified risks were assessed and had risk management plans in place.

There were sufficient numbers of staff to ensure that people's needs were met. Staff had the knowledge and skills to identify potential signs of abuse and act on a potential harm. Staff followed safe recruitment processes at the service.

People received their medicines in line with their prescriptions.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective. Staff did not receive regular appraisals to ensure they were supported in their role.

We recommend that the service seek guidance and support in relation to staff appraisals and take action to update their practice accordingly.

The service provided regular supervisions for staff to review their performance and to discuss people's individual needs. Staff were up-to-date with their training courses relevant to their role. People were supported to eat and drink as required.

The service followed principles of the Mental Capacity Act 2005, which ensured that people were supported to make decisions for themselves as required.

People were provided with support to attend their health appointments.

Requires Improvement ●

Is the service caring?

The service was caring. People had their privacy respected and staff had identified their cultural needs.

People's wishes were listened to and acted on as appropriate.

Good ●

Systems were in place to support people with making decisions when planning their care and support. Staff encouraged people to learn new skills to increase their independence.

Is the service responsive?

Some aspects of the service were not responsive. People were not provided with informed choices about the food they wanted to eat and the activities they wished to attend.

We recommended for the service to seek advice and guidance from a reputable source, in relation to the requirements to support people with food and activity choices as appropriate.

People were supported to plan and make decisions about their care and support. Staff supported people to raise their concerns or complaints and at the time of inspection people did not have any concerns. System were in place for obtaining feedback from people and their relatives about the care and support provided.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led. The service did not apply for DoLS authorisations, which meant that there was a risk for people to be unlawfully restricted.

Staff told us they were able to approach the manager for advice when needed. Staff were involved and made suggestions to improve the care delivered for people . We found good team working practices at the service.

Quality audits were carried out to monitor and improvement the quality of the care and support provided for people.

Requires Improvement ●

Mount Adon Park

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 was undertaken by one inspector and was unannounced. We carried out the inspection of this service on 8 March 2016.

Before the inspection we reviewed information we held about the service including statutory notifications.

During the inspection we spoke with three people living at the service, three staff members, the team leader and the registered manager of this service. We reviewed three people's care records, six staff files, training records, team meeting minutes, staff rotas and other records relating to the management of the service.

After the inspection we spoke with two relatives and two health and social care specialists asking for their feedback about the services provided for people.

Is the service safe?

Our findings

The service did not have sufficient systems and processes in place that enabled them appropriately manage risks to people who used the service. Records showed that staff had identified risks related to people's health, safety and welfare. The service assessed the likelihood of each risk occurring and rated the risks on the scale of low, moderate or high. However, the risk management plans were only completed for those risks that were assessed as highly likely to occur. For example, where there was a risk of choking. Therefore, measures were not in place to minimise the impact of lower lever risks on people. For example, when a person was taking a bath. This meant that the service did not take appropriate actions to ensure that all identified risks were assessed and reduced as required in accordance with the legal requirements. We discussed this with the team leader who agreed that the risk management plans should be in place for the risks identified.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff protected people from potential abuse and harm. Staff were aware of the safeguarding procedures and recognised signs of possible abuse. Staff told us that any concerns they had were raised with the team leader to ensure that actions were taken as required. A protection plan was put in place making sure that actions were taken promptly as necessary. Where a safeguarding investigation was required the team leader escalated concerns to the local authority. This meant that people were protected from further harm and injury because the service had followed necessary procedures to ensure people's safety.

Sufficient numbers of staff were provided, which ensured that people's care and support needs were met as required. People told us that staff were available to help them when they required support. The team leader said to us that staff levels were assessed based on people's care and support needs. Records showed that staff numbers were increased if people needed more support, for example to take part in activities of their choice. The staff team knew the needs of people living at the service. The service used regular bank staff to provide cover where required. This meant that people knew the staff who supported them well and continuity of care was provided to people. Staff told us they had enough time to attend to people's needs and we could see for our selves that staff were around when people asked for support.

The service followed safe staff recruitment processes to ensure that staff had appropriate values and skills for the job. At the time of inspection the provider was in the process of recruiting two new staff members. The team leader told us that applicants had to attend interviews, provide references and undertake Disclosure and Barring Services [DBS] checks prior to working with people. This ensured that staff had the appropriate knowledge and skills to support people in the service. Recruitment records were kept at the central office and therefore we were not able to review this data ourselves.

Staff followed service's policies and procedures to ensure good care and support for people. Appropriate processes were in place for recording incidents and accidents. Staff were aware of the incidents and accidents procedure. They completed accident and incident reports to provide details about the incidents

occurred. Any concerns they had were reported to the team leader to ensure that actions were taken as necessary to support people. For example, for managing a person's challenging behaviour towards other people.

Staff supported people to take their medicines safely. We reviewed medicine administration records [MARS], which showed that people received their medicines at the times they required them and the right dose. The service supported people to order their medicines monthly and kept them safe in the locked cabinet. Staff checked the medicines delivered making sure that the correct stock had arrived. Staff completed stock checks before they administered medicine's to ensure that people were given their medicines as prescribed. Two staff administered medicines to ensure any minimise the risk of unsafe medicine administration. Care plans had information about the level of assistance people required to take their medicines, for example if a person needed verbal prompting to take their medicines. The unused medicines were taken back to the pharmacy for safe disposal.

Is the service effective?

Our findings

At our previous inspection on 6 June 2014 we found that staff did not receive regular appraisals. At this inspection we found this had been partially addressed by the provider, but required further improvement. Records showed that some staff did not have appraisal for one year and seven months. Staff told us, they were provided with opportunities to discuss their professional goals during the supervision sessions. The team leader told us they intended to carry out appraisal meetings in April 2016, however there were no dates planned to confirm this. This meant that staff's developmental needs were not monitored to ensure it was in line with good practice.

Staff had knowledge and skills to support people with their care needs. A relative told us, "Staff are good and support people well". A health and social care professional said that "Staff are good enough to understand" people's needs. Staff told us they were appropriately supported in relation to their responsibilities. Records showed that staff had supervisions at appropriate intervals to discuss their performance and people's individual needs. For example, in one of the meetings a discussion took place about the support a person required with their eating and drinking needs. This meant that staff were supported to meet people's needs effectively.

We recommend that the service seek guidance and support in relation to staff appraisals and take action to update their practice accordingly.

People received care and support from staff that received on-going training to meet their needs. Records showed that staff had attended mandatory courses, including first aid, moving and handling, medicines management and safeguarding vulnerable people. The provider had notified the team leader when staff required to attend refresher courses, which meant that staff had attended the training courses as required. Staff told us they were supported to undertake relevant to their role training courses. We observed staff applying their gained knowledge in practice to ensure that people's needs were met. For example, by seeking people's permission on the information they shared with their families. This meant that staff had up-to-date knowledge to provide people with effective care.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had knowledge and worked within the principles of the MCA. Records showed that staff had attended the Mental Capacity training. We observed that staff helped people to make decisions about their care and support needs. For example, people were supported to make daily choices in relation to the clothes they

wanted to wear. Staff told us that people's capacity varied in relation to the decisions people were required to make. Any concerns staff had were discussed with the local authority to ensure that the follow-up actions were taken as required. Mental capacity assessments and best interests meetings were held if people could not make decisions about the care they received. Records showed that people received relatives' support with more complicated decisions. For example, a best interests meeting took place to support a person with their finance management.

Staff supported people to eat and drink as required. Care plans had information on people's nutritional needs, including healthy eating and people's required fluid intake. Staff were aware of people's individual support needs, for example where a person required help to cut their food into smaller pieces. This meant that people were supported to eat and drink dependant on their level of need. Care records showed that staff approached health care professionals for advice and support when needed, including dietician and speech and language therapist. Staff had also provided individual meals for people from different cultural backgrounds. This meant that people had their nutritional needs met, related to culture and religion.

People were supported to access health care services as and when needed. A health and social care professional told us that staff responded to people's changing needs quickly and asked for advice where required. Records showed that staff assisted people to attend their routine health appointments, including the dentist and annual health checks. Staff told us they also supported people to attend additional appointments at local hospitals, which ensured that people's health needs were adhered to as required. Care records had information of people's health and social care professionals. This meant that people's health professionals' could be contacted for advice and support quickly as necessary.

Is the service caring?

Our findings

People said they liked the staff that supported them. One person told us, "I like my room" and staff. A relative we spoke with said that, "Staff are friendly and respect people's privacy." Another relative told us that people got along well with their support workers and staff are, "very nice." A health and social care professional said to us they were, "impressed about quality of relationship" between the people and staff.

People were treated with dignity and respect. We observed staff talking to people in friendly manner. Care plans had information on how people wanted to be called. Staff knocked on people's bedroom doors before entering. This meant that people felt valued in their own home. Staff were aware of people's communication needs and used their preferred communication methods, including sign language and body language to interact.

Staff cared for people in a way that took into account their likes and dislikes. A health and social care professional told us that staff knew people's needs, "very well." We observed people being supported according to their choices, for example a person was supported to visit his family when they wished to. People had their cultural and religious needs identified and support was available to them to attend relevant events for this. This meant that people's individual wishes were valued and respected. People said they were happy with their rooms. People's rooms displayed their personal belongings such as family pictures, collectable items and magazines.

People's support was individually assessed to ensure that the care provided had met their needs. Care plans had information on people's preferences and personal history. Staff told us the care plans were developed with the involvement of the people and their families. For example, person's support plan noted they wanted to be told in advance about what was going to happen and not to be overloaded with information. This enabled staff to collect as much information as possible on people's preferences and expectations and to ensure their needs were met as required. People had regular sessions with their key workers to talk about their achievements and set goals for the future. For example, records showed that a person was assisted to make arrangements for his birthday. This helped the staff team to plan and carry out people's support according to their wishes and choices.

Staff encouraged people to learn new skills. Care records had information on what people were able to do for themselves and where they required support from staff. A person resident told us that staff helped them with room cleaning, which we saw was kept clean and tidy. Staff told us they supported people to cook meals and do their laundry and room cleaning. People received one to one support with more complicated tasks, such as changing the bedding. This meant that people were encouraged to take responsibility for their own daily tasks.

The service supported people to maintain important relationships to them. People had their families visiting them in their home. Family members told us they came to see their relative whenever it suited them best. Staff said they supported people to contact their relatives if they wished to. This meant that.

Is the service responsive?

Our findings

People had limited support to make choices about the food they wanted to eat. We looked at the assistance provided for people to plan the menu. Staff told us they used cook books to discuss menu options with people. However, we could not be confident that the images used were clear and easily understood by people. We discussed this with the team leader who told us that people were good at choosing food that they wanted to eat from already purchased products. However, people were not provided with informed choices about the food they could have if it was not available at the service. This meant that people were not assisted to understand their food choices and make changes to the menu when they wished to.

We reviewed people's activity plans that were used to support people to make choices about their weekly activities. People told us, staff supported them to socialise in the community. Care records had information on the activities people liked and disliked. The activity plans were held in people's rooms to remind them about what they wanted to do during the week. However, we found that the activity plans were not up to date and also not in picture format. The team leader confirmed that written format was difficult for people to understand and they would benefit from pictorial activity plans. Staff told us that people required pictures to help them to communicate complex information, but this was not available to them in relation to activities. This meant that people did not have necessary support to make choices on the activities carried out for them at the service.

We recommend that the service seek advice and guidance from a reputable source, in relation to the requirements to support people with food and activity choices as appropriate.

People's care needs were regularly reviewed to ensure they had the support required. People told us they were happy with the care and support provided. Relatives said to us they were involved in making decisions about the care people received. The service held review meetings with people to discuss and plan their care. These included decisions around people's care when their needs changed. For example, in one of the meetings a holiday destination options were discussed to meet person's health needs. This meant that people's support needs were taken into account as appropriate when planning their care. People also had regular review meetings with the local authority, which ensured that the support provided was in line with good practice. Records showed that people's individual needs were talked about and actions agreed to meet these needs. For example, in one of the meetings it was discussed to involve a person more effectively in meal preparations and making their own drinks. Staff contacted relatives as necessary to let know about the changes in people's lives.

People were supported to raise any concerns or complaints. A relative told us, "If I had a complaint, I'm confident that staff would take the necessary actions." Staff told us they encouraged people to talk about their concerns and ensured their concerns were acted on as required. For example, we saw a staff member talking to a person about maintenance work that needed to be carried out, which they were concerned about. Staff were aware about the complaints procedure. Any complaints they received were passed to the team leader for taking necessary actions. We viewed the complains folder and there were no complaints

made since the last inspection. Relatives we spoke with did not have any concerns about the service provided for people.

People were asked to complete a feedback survey about the care they received. Staff helped people to complete an easy read feedback form in order to gain their views on what was important for them. We reviewed the outcomes of the questionnaires completed in 2016. We saw that the feedback received was mostly positive and people felt well looked after at the service and respected by the staff team. The provider had also asked people's relatives and friends to complete the feedback surveys about the services provided by the organisation. Responses received suggested that the services provided for people were caring and people received care to meet their individual needs. Some improvements were also identified, for example in relation to the high turnover of staff and poor communication with families. We saw that results gained were analysed and used for developing organisation's strategy.

Is the service well-led?

Our findings

Some aspects of the service were not well-led. The service had not applied for DoLS authorisations to the local authority for any of the people living at the service. We saw that people required on-going support to go out in the community and were under continuous supervision. There was a risk that the restrictions in place were not in people's best interests and people could be deprived of their liberty unlawfully. The registered manager was aware of the legal requirements under the MCA in relation to submitting application forms to the local authority. The team leader told us they were provided with the application forms for completion, but this has not been done yet. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The team leader provided good leadership at the service. People told us they liked the manager. People's relatives told us the management team was approachable and responsive to people's needs. A health and social care professional said, "The service is managed by a competent and experienced manager." We saw that staff were aware of what was expected of them and took initiative in providing good care for people. For example, staff regularly reviewed people's support needs and informed the team leader about any changes to support required. We saw good team working practices. Staff told us they worked together as a team to ensure good care for people. For example, they carried out regular handover meetings between shifts to ensure that appropriate information was shared as required. Regular staff meetings took place to discuss staff's performance and to agree on actions. Records showed that the team worked together to identify and address areas for further development in own practice. For example, in one of the meetings it was agreed to support people to discuss their end of life wishes. We saw that this was in the process and staff started talking about this to people and their families where appropriate.

Staff received support to ensure effective care delivery for people. Staff told us they asked the team leader for advice and support when required. An out of office hours on call service was used by staff to obtain advice on urgent matters. Staff also worked together with other services that provided support to people, including the day centre staff. This meant that information was shared between the services as necessary to ensure that people's needs were adhered to appropriately.

The registered manager had carried out regular checks at the service to ensure effective care delivery for people. Records showed that the registered manager had monitored the quality of care and recommend any changes required to improve. These included checks on people's care records and staffing levels. The team leader had also monitored care delivery to ensure that people were provided with good care. Systems were in place for carrying out regular internal audits. Health and safety audits were undertaken to identify improvement and for taking actions as required, including fire drills and fire equipment checks. Records showed that actions were taken as necessary to replace the expired equipment. The team leader notified

the landlord of the premises about any defects or repairs needed for prompt actions. The service had monitored people's care records to ensure they were clear and accurate. The team leader told us they reviewed people's care records as and when needed, for example if there was a change in a person's care needs. These included people's support plans and health action plans. For example, audits were carried out to check if people had their weight recorded regularly. The team leader told us that any improvements required were discussed with the staff team. This meant that people received care that was monitored and acted upon where required.

We saw that staff had responsibilities to carry out regular checks to ensure that people were safe at the service. For example, they undertook regular water and fridge temperature checks as required. Staff also carried out weekly checks to monitor people's personal money. Records showed that people's income and expenditure was appropriately recorded and the balance matched the money stored for people at the service.

The registered manager was aware of their registration requirements with the CQC. This included ensuring that statutory notifications were submitted to CQC as required by law.