Anahita Rehabilitation Centre LLP

Anahita Recovery Centre

Inspection report

104 Gavestone Rd
Lee
London
SE12 9BL

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21 September 2016

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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

This inspection was carried out on 21 September 2016 and was unannounced. At our last inspection on 23 June 2014, we found the provider was meeting the regulations in relation to outcomes we inspected.

Anahita Recovery Centre provides supported accommodation for up to 24 people who have mental health needs. There were 22 people living at the centre at the time of this inspection.

The centre had a registered manager in post. The registered manager was also the registered 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 registered manager told us they were leaving at the end of September 2016 and advised us that the provider had appointed a new manager to run the centre. The provider told us the new manager would apply to the CQC to become the registered manager for the centre.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. Risks to people were assessed and support plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of the people they supported and they received regular supervision and annual appraisals of their work performance. People were provided with sufficient amounts of food and drink to meet their needs. People had access to a GP and other health care professionals when they needed them. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People were provided with appropriate information about the centre. This ensured they were aware of the standard of care they should expect. People had been involved in planning for their care needs. People were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. They sought the views of people using the service at residents meetings and where people had made suggestions they had been listened to and acted upon. Staff said they enjoyed working at the centre and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

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 was safe.

There were safeguarding procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure in place and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. There were enough staff on duty to meet the needs of people using the service.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's food likes and dislikes were considered and they were provided with sufficient amounts of nutritional foods and drink to meet their needs.

People had access to a GP and other health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff treated people using the service in a caring, respectful and dignified manner. People's privacy and dignity was respected.

People using the service had been consulted about their care and support needs.

People were provided with appropriate information about the centre. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

People were provided with a range of appropriate social activities both in and out of the centre.

People using the service were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good

The service was well-led.

The centre had a registered manager in post. The registered manager was due to leave at the end of September 2016. The provider told us a new manager had been appointed and would be applying to the CQC to become the registered manager for the centre.

Staff said they enjoyed working at the home and they received good support from the registered manager and the provider.

The provider recognised the importance of regularly monitoring the quality of the service provided to people.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Anahita Recovery 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 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.

Before the inspection we looked at all of the information we had about the service. This information included the statutory notifications that the provider had sent to the CQC. A notification is information about important events which the service is required to send us by law.

This inspection was carried out by one inspector and an expert by experience on 21 September 2016 and was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spent time observing care and support being provided. We looked at records, people's care records, staff recruitment and training records and records relating to the management of the service. We spoke with six people who used the service, two members of staff, the registered manager and the registered provider. We also asked a local authority that commissions the service for their views about the service.

Good

Is the service safe?

Our findings

People told us they felt safe and that staff treated them well. One person said, "I have not had any problems since I have been here. All my belongings are safe." Another person said, "I feel safe because I have staff around me." A third person said, "I am happy living here it is all right .I have an emergency button in my bedroom and if I press that the staff would come.''

The centre had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the centre. They and the members of staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The registered manager said they and the staff team had received training on safeguarding adults from abuse. Training records we saw confirmed this. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks were carried out before staff started working at the service. We looked at five staff recruitment records and saw completed application forms that included a full employment history and references to previous work experience and qualifications. The files also included two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. Records showed, where appropriate, that the registered manager explored and documented each member of staffs gaps in employment with them and their previous employer.

There were enough staff on duty to meet the needs of people using the service. At the time of our inspection the home was providing care and support to 22 people. One person using the service said, "There is three to four staff during the day and two at night and they are very skilled." The registered manager told us that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. We checked the staffing roster; this corresponded with the identities and the number of staff on duty. On the day of the inspection we noted there was an extra member of staff on duty. A member of staff said this was to support two people to attend prearranged appointments.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Individual risk assessments had been completed where people required additional support and monitoring from staff, for example with mental and physical health conditions and self-medicating. The risk assessments included risk management plans with information for staff about actions to be taken to minimise the chance of the risk occurring. Each risk assessment included a summary of the person's needs and associated risks. This enabled staff to understand the background to the risks and how to manage them.

There were arrangements in place to deal with foreseeable emergencies. The registered manager and staff on duty told us they knew what to do in the event of a fire and told us how they would evacuate people and where the meeting point was. We saw a folder that included records of weekly alarm testing and servicing of the alarm system. Training records confirmed that all staff had received training in fire safety. The service

environment was clean, free from odours and was appropriately maintained. Regular routine maintenance and safety checks had been carried out on gas and electrical appliances.

There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals. One person told us, "I always get my medication at the right time and the staff make sure I take it. I am hoping to self-medicate in the future." Another person said, "I do my own insulin and blood sugar testing and the staff help me with my medication." A third person told us the staff always gave them their medicines on time. They also said, "I have a medical condition and the staff advise me about the side effects."

Medicines were stored safely in a locked medication cupboard. We saw records of medication received into the centre and a medication returned to the pharmacist. Medicines folders held individual medication administration records (MAR) for people using the service including their photographs, details of their GP, information about their health conditions and any allergies. The folder also included the names and sample signatures of staff designated to administer medicines. We checked medicine administration records for five people using the service; these indicated that they were receiving their medicines as prescribed by health care professionals. The registered manager told us that only trained staff could administer medicine to people using the service. Training records confirmed that all staff had received training on the administration of medicines. We saw medicines competency assessments had been completed by staff before they could administer medicines.

There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use. Controlled drugs were stored securely and checks were in place and were recorded in a controlled drugs book. Regular monthly audits of all medicines were completed by the registered manager to monitor and reduce the likelihood of any risk. These processes helped protect people from the risks associated with inappropriate use and management of medicines.

Good

Is the service effective?

Our findings

People using the service told us staff knew them well and knew what they needed help with. One person said, "The staff seem to know what they are doing, and they are trained to do it."

Staff had the knowledge and skills required to meet the needs of people who used the service. The registered manager told us they recruited staff with experience of working with people with mental health needs. All new staff were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

A training matrix showed that staff had completed training that the provider considered mandatory. This training included first aid, food safety, medicines, infection control, safeguarding adults, health and safety and the Mental Capacity Act 2005 (MCA). Staff had completed other training relevant to the needs of people using the service for example care planning, diabetes awareness, understanding schizophrenia and personality disorder and mental health awareness. One member of staff told us that the training they received on understanding schizophrenia and personality disorder had been particularly helpful. They said, "This training raised my awareness on mental health conditions such as depression and paranoia and has helped me to understand people's support needs."

Staff told us they had completed an induction when they started work and they were up to date with their training. They received regular supervision and an annual appraisal of their work performance. One member of staff said, "I am up to date with all of my training. I receive one to one supervision regularly and the registered manager and provider are always here so I think we are well supported." Another member of staff said, "I started working here recently and I had an induction and have been receiving further training. I get support from the registered manager, the provider and all of the other staff who work here." We saw records confirming that all staff were receiving regular formal supervision with the registered manager.

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 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).

We checked whether the centre was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. They said that people using the service had capacity to make some decisions about their own care and treatment. Where they had concerns regarding a person's ability to make specific decision they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We

saw that where applications to the local authority to deprive people using the service of their liberty, for their own safety, had been authorised that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

People were provided with sufficient amounts of nutritional foods and drink and their care files included assessments of their dietary needs and food likes and dislikes. We saw a four weekly rolling menu used at the centre. This appeared to be well balanced and varied and offered plenty of fruit and vegetables. People said they were offered a choice of two different meals at mealtimes however if they wanted something different this would be provided. They told us that a chef cooked lunch and evening meals however there were cooking sessions every Thursday where they were encouraged to cook their own meals. One person told us the food was cooked nicely, there was a good chef and they were provided with a good choice of meals. They said, "We get to cook for ourselves at breakfast and dinner times. I just made a fried egg and bacon sandwich." Another person told us the food was tasty and they had meetings with the chef to discuss the food they wanted. We saw there were two small kitchens with kettles, toasters, fridges and microwaves. A member of staff told us that most people used these kitchens to make breakfast and they could make tea and coffee and have snacks throughout the day and night. We also saw fresh fruit was available in the communal area.

People had access to a GP and other health care professionals when needed. Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. When there were concerns people were referred to appropriate healthcare professionals for advice and support. A member of staff told us that all of the people using the service were registered with a GP and access to a range of other health care professionals such as the local Community Mental Health Team (CMHT), dentists, chiropodists and opticians if and when they required them. We saw that peoples care files included records of their appointments with healthcare professionals. One person said, "I am usually quite healthy but I can see the GP if I need to. I can also see the community psychiatric nurse (CPN) when I need to." Another person said, "I have a medical condition, I have regular health checks and I go to the local surgery with staff." A third person said, "The staff encourage me to go to healthcare appointments on my own and I am happy with this."

Good

Is the service caring?

Our findings

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. One person using the service said, "I think they care about me, they make sure I am alright and have all that I need." Another person said, "The staff always encourage us to do things for ourselves. It's positive and caring here."

People told us they had been consulted about their care and support needs. One person said, "I have a care plan and I know what's in it. I have a keyworker to talk with and I have a community psychiatric nurse who visits me." Another person told us their key worker sat down with them and discussed their care plan. They said staff were helping them to get into college to do hair and beauty reception. They said, "The provider is brilliant and all the staff are nice too." Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. One member of staff told us, "We have all received training on diversity and equality. Everyone that lives here is different; we know and respect these differences and their preferences."

Staff told us how they ensured people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and made sure information about them was kept confidential at all times. We saw a payphone was available for people to make calls to friends and family. A member of staff said that all of the people using the service were independent and did not require any support with personal care; however on occasions they might prompt people to purchase toiletries, shave or change their clothing. One person using the service told us, "The staff are very respectful, they are not rude and they talk to you in a good manner. They respect my privacy and they knock on my door if they want to speak with me."

People using the service were provided with appropriate information about the centre in the form of a 'Service user's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people when they moved into the centre. One person using the service told us, "I got a brochure when I moved here. Everything I need to know about the place is in there."

Good

Is the service responsive?

Our findings

People using the service told us the service met their care and support needs. One person told us, "There is always something to do here." Another person said, "The staff know everyone well and know what they need to do for us. I have a key worker and a support plan and I would say I am well looked after."

People's needs were assessed and care and treatment was planned in individual support plans. People's care files contained referral and assessment information, support plans, risk assessments, support plan review sheets and records of appointments with health care professionals. The support plans described their mental and physical health needs and provided guidelines for staff on how to best support them. We saw that risk assessments had been completed for example on medication, physical health and mental health relapse. We saw that support plans and risk assessments had been kept under regular review and people were supported to attend medical appointments and meetings with mental health professionals.

We found that people's care and support was delivered in line with their support plans. For example, one person using the service administered their own medicines. We saw the home had supported them through a self-medication programme. We saw there was a self-medication risk assessment in place in their care file. The registered manager told us that they continued to monitor that this person had taken their medication in the mornings and evenings by checking with them and recording the outcome in their daily care notes.

People said there were plenty of opportunities to do things both in and out of the centre. One person told us, "We go to the seaside every year, we go bowling and swimming and we all go to the disco every Tuesday. During the day I go out to Woolwich and Lewisham.'' The registered manager showed us an activities plan for the centre and records of people using the service who had partaken in the activities. These records indicated that people regularly attended activities such as a local disco club, swimming sessions, coffee mornings and a gardening club. They also went on trips to the seaside, museums, dog racing, cinema's, indoor bowling and pub lunches. Board games, magazines and art materials were available for people to use in the communal areas of the centre. We saw one person playing a game of pool with a member of staff. This person told us, "We went out last night to the disco, we had a good night, and I look forward to it every week. There is enough to do here if you want to do it. Keeping occupied helps me feel better about things."

People using the service said they knew about the service's complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person told us, "You can talk to the manager if you have any problems or need to make any complaint. He will listen and do something about it but I have never needed to complain. You can always talk to the staff if you have a problem." We saw a complaints file that included a copy of the providers complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Good

Is the service well-led?

Our findings

One person told us the centre was well run and organised. An officer from a local authority who commissions the service told us there were no concerns regarding the centre. We saw a report from a quality monitoring visit carried out by this local authority in January 2016. The report concluded that the centre was well managed and at the time of the visit and residents appeared settled and happy in their environment and those spoken to were full of praises for the centre and the staff.

The centre had a registered manager in post. The registered manager had worked at the centre since it opened in 2012. They told us they were leaving at the end of September 2016 and advised us that the provider had appointed a new manager to run the centre. The provider told us the new manager would apply to the CQC to become the registered manager for the centre.

Throughout our inspection it was clear from the provider, the registered manager, staff and people using the service that the ethos of the centre was to rehabilitate people, support them to learn new skills and help them to move on to independent living accommodation. The provider told us that supporting people back into the community was the centres priority. They said staff had recently supported three people to move into their own flats. A member of staff told us, "It's great when people move to their own places. I feels like the team are achieving what we want to do for people and shows us that we are doing things right."

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. We saw that regular audits had been carried out in areas such as medication, infection control, health and safety, incidents and accidents, care files, support planning reviews, staff training, supervision and appraisal and complaints. We also saw a report from an unannounced night time visit carried out at the centre by the provider in August 2016. The provider had checked if the staffing levels reflected the roster, that medicines cabinets were locked and secure and the building was free from hazards, The provider told us they carried out these unannounced checks to make sure people where receiving appropriate care and support.

There were regular residents meetings where people using the service were able to express their views and opinions about the centre. The minutes from the last residents meeting, 19 August 2016, indicated that the meeting was well attended by people using the service. They discussed issues such as meals and healthy diets, fire risks and maintenance at the centre. We found that where people had made suggestions they had been listened to and acted upon. For example, where people asked if there could be additional umbrellas bought for the garden we saw that these had been purchased.

Staff told us they enjoyed working at the centre and they were well supported by the registered manager and the provider and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. We saw that team meetings were held every month and were well attended by staff. Items discussed at the August 2016 meeting included recording appointments, medicines and clinical issues relative to the needs of people using the service. A member of staff said, "We can voice our opinions at the meetings and we are listened to. The registered manager is

eager to know our views and our suggestions and ideas are welcomed." A team leader told us, "If an incident or an accident occurs the registered manager will call a meeting to discuss the issue to try to make sure the incident does not happen again."