

The Brandon Trust

Mount Adon Park

Inspection report

49 Mount Adon Park
East Dulwich
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Date of inspection visit:
22 October 2019
27 October 2019

Date of publication:
16 January 2020

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

About the service

Mount Adon Park provides accommodation and support for up to four people with a learning disability. At the time of our inspection four people were using the service. The home is an adapted residential property with accommodation over three floors. There was a communal lounge, dining area, kitchen and large garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People told us they liked living here and that they felt safe. They told us they were treated with kindness and respect. The home had a welcoming, happy atmosphere and we saw staff and people having genuine fun together. A relative said, "The place is just brilliant."

Most people had lived in the home for many years and there was a low turnover of staff. This meant people had continuity of care and were supported by staff who knew them well and understood their needs. Staff and people communicated comfortably using various methods according to people's needs. People told us staff listened to them.

People's independence and dignity was promoted. Their risk assessments and support plans were written in a positive, person-centred way. People helped write their support plans and took part in regular reviews.

People were supported to have relationships with their friends and families and took part in local activities and volunteering opportunities. They went on outings to visit family and pursue their interests and took regular holidays in Britain and abroad with staff.

People's medicines were safely managed and stored.

The home was clean and free of malodour. Good infection control practices were followed.

Fire safety checks and drills were regularly completed. There were regular, documented safety checks and external assessments of safety and equipment.

The registered manager regularly audited and reviewed the home's records, policies and procedures.

Staff told us they enjoyed working at the home and felt supported by management. They were well-trained and had regular supervision and appraisal.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 23 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mount Adon Park

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This consisted of one inspector.

Service and service type

Mount Adon Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced. However, when we arrived on 22 October, people and staff had gone on holiday together. We spoke to the provider to find out when everyone would be back and returned on the 27 October.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We spoke with the registered manager and three support workers, including the team leader. We looked at a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. We looked at training records and materials.

After the inspection

We spoke with two relatives. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and other documents relating to the running of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding which was refreshed regularly. They understood whistleblowing and how to escalate concerns to the provider organisation and further if they needed to.
- People and their relatives told us they felt the home was a safe place. One person told us, "Yes, I always feel safe. This is a nice place." There were suitable procedures in place, and staff were following them. For example, we saw receipts and records being kept to protect people from financial abuse.

Assessing risk, safety monitoring and management

- Detailed risk assessments were completed to identify risks to people's safety and wellbeing. These were reviewed regularly or when people's needs changed. Staff were familiar with the assessments and described the risks people faced and how these were managed to keep them safe.
- Staff supported people to take part in activities which promoted their independence and were relevant to their interests, even when they involved an element of risk. For example, people had opportunities to travel in London and beyond to pursue their interests and visit family, and people and staff went on holiday together regularly.
- People's assessments included detailed information about potential causes of anxiety and how to identify when a person was communicating distress through their behaviour. There was clear, person-centred guidance for staff to follow if people displayed behaviour that challenged staff.
- The provider had well-established systems and procedures in place to monitor the safety of the premises and equipment. Records were up to date and were audited regularly by the registered manager.
- A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone, to ensure there were arrangements in place to support them to evacuate the building safely in the event of an emergency. These were reviewed regularly and included details such as whether a person would take longer to evacuate at night. Staff were familiar with each person's plan.
- There were regular fire drills and alarm tests, and records were kept. The alarm system and fire extinguishers were regularly serviced. An external fire safety assessment had been completed in February 2019 and identified some areas to be rectified. An action plan had been drawn up by the provider and at the time of the inspection, most of the works required had been completed or were scheduled to start in the near future. Fire doors were all closed or had automatic closing devices.

Staffing and recruitment

- There were enough staff to support everyone safely and regularly participate in activities and visits outside

the home. The provider organisation operated a bank of staff between its local homes. This ensured that staff were familiar to people and had the same training as the home's own staff. The registered manager told us they used "hardly any" agency staff and we could see none had been used on the recent rotas we saw.

- Staff were recruited safely. Full checks were completed which included verified references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out monthly by the registered manager.
- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff knew the home's procedures and adhered to them. Medicine administration records (MAR) were completed correctly each time a person was supported.
- The support people required with their medicines was assessed and clearly documented. Information about people's medicines was detailed and included potential side effects and interactions, and a photograph of the person. There was clear guidance around medicines taken 'as required' and homely remedies.

Preventing and controlling infection

- The home was clean and generally free of malodour.
- There was a plentiful supply of personal protective equipment (PPE). Staff told us there were always enough gloves and aprons.
- People were protected by staff who had been trained in infection control and adhered to the home's procedures.

Learning lessons when things go wrong

- Processes were in place to record any incidents and learn from them, and this was done in a positive and person-centred way. For example, a person who was at risk kept attempting to go out on their own. An assessment was completed and as a result the person is taken out by staff more frequently and does not attempt to leave on their own any more.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed and recorded clearly. These assessments were in line with current guidance and best practice. They considered people's strengths first and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.
- People's personal care needs were assessed and recorded in an appropriate level of detail for their needs. Where people required support from the care staff, this included information about people's preferred routine and important details such as oral care. Staff told us, "There are really useful little things in there, like which bathroom people prefer to use" and "We have to remind people [about their personal care] but they are mostly independent."
- People's protected characteristics under the Equality Act were identified and any related needs were assessed and documented.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Further training and vocational qualifications were available to staff.
- Staff were confident in their role and told us they felt supported. They had regular supervision and appraisal with their line manager. Staff told us they had regular supervision and found it useful for their development in their roles. A relative told us, "They are stars... they all know what they are doing."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied, balanced diet. People told us they enjoyed the food and that there was plenty available. The home had a varied menu which included lots of fresh fruit and vegetables and ensured people were offered foods they liked and included culturally appropriate foods.
- People's nutritional needs were assessed and documented. Any risks or things that might affect their ability to eat independently was noted. For example, one person required food they could eat safely and comfortably with no teeth or dentures.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff helped people to have access to healthcare services and receive ongoing healthcare support. People living at the service had regular access to a range of healthcare professionals in the community or who visited the home as appropriate. Detailed records were kept. Staff told us, "We are very proactive when it comes to people's wellbeing and looking after their health... we make sure everything is up to date and book appointments. We respond to people's needs and their comfort or discomfort, if it is not going right then we follow it up."
- The service supported people to improve their health and wellbeing through diet and lifestyle choices when possible. One person had been supported to manage a long-term health condition so well that they were able to stop taking regular medicine for it.
- People were supported to receive good care when they had to transfer between services. There was a 'hospital passport' system to ensure that a person being taken to hospital would have with them their important personal items and medicines, and that they had up to date medical information and a summary of their support and communication needs.

Adapting service, design, decoration to meet people's needs

- The home is a period property which has been adapted to be accessible for the people who lived there. There was a stair lift in place.
- People told us they liked their rooms. The rooms were spacious and customised with people's choice of décor, furniture and possessions. A relative told us, "[Person] doesn't like change, so when they first moved in all those years ago they said they didn't want to change the walls. So the home phoned me and I suggested they offer to paint it the colours of our favourite football team. Of course [person] agreed immediately so the walls have been those colours ever since. Every year or so the home just update it. [Person] still loves it."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- At the time of the inspection, there were current DoLS authorisations in place for the people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed. There were policies and procedures in place for assessing people's mental capacity and making decisions in people's best interests.
- We saw people's capacity to make decisions had been considered in their assessments and these included information about how people used non-verbal communication to express consent or not. We saw care staff seeking consent from people before supporting them and in making decisions about what they wanted to do.
- Staff understood the principles of the MCA. Staff told us, "You assume people have capacity first of all" and "We make sure people have the most choice in their decisions but if they lack capacity for a decision and

need help then you have to follow the best interests process."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated well. The home had a welcoming, happy atmosphere and we saw staff treating people with kindness and respect, and having fun together. People told us, "This is a nice place" and "It's my home." Staff told us, "The best thing about working here is the people we support – seeing them happy... fulfilled in life and safe. It's great" and "The care is the best I've seen. I've worked in many places as bank, and I'd say that this is one of the best houses for care."
- Staff knew people exceptionally well and what was important to them. They knew what people liked and disliked and this was very well documented. Each person had an allocated key worker and had protected one to one time with them. Staff told us, "People have been here a long time and they have staff supporting them who know them well."
- Staff wrote their daily records and observations in a positive and caring way. They spoke of the people they supported in a warm and caring manner. We could see people and staff were having genuine fun in each other's company during activities.
- Equality and diversity were respected at the home. People's protected characteristics were considered during their assessment. Staff were trained in equality and diversity as part of their induction.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and make decisions about their own care and support. They spoke about their care with their key worker and there were regular residents' meetings. People's views and preferences were included in their support plans. Staff told us that "enabling people to express their feelings and do what they want to do" was something the home did particularly well. During the inspection we observed people happily communicating their needs and wants to staff and being responded to warmly.
- People were supported to make collective decisions. For example, they made their holiday plans together, choosing where to go and where to stay, and which staff they wanted to accompany them. Staff told us, "We showed them pictures of different places, and discussed where they wanted to go."
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted by staff. People told us they thought staff were respectful of

their privacy, and that they remembered to knock on their doors. Staff described further good practice they followed, such as how to maintain people's dignity when assisting with personal care.

- People's independence was promoted by staff. Their support plans emphasised what they could do and made it clear when people were able to complete even part of a task themselves. For example, one person's plan described how they could make their own cups of tea with support needed only at specific points in the process.

- Personal information and records were stored securely. Filing cabinets and offices were secure and computer systems were password protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their interests and lead a fulfilling and exciting life. For example, one person was especially keen on aviation and told us the various ways the staff helped them pursue this interest. They were regularly taken to different airports in London to see the planes and a member of staff had arranged for them to meet the pilots and visit the flight deck of the plane on the flight home from their recent holiday abroad. Another person had been to the Notting Hill Carnival this year and had previously attended regularly.
- People were supported to follow their creative interests and staff sought ways to encourage people to take their hobbies further. For example, one person was a keen gardener and external funding had recently been arranged for them to make and plant a new raised vegetable bed in the garden. There were regular arts and crafts sessions and people's work was on display in the house.
- People and staff took frequent holidays together. They had recently returned from a holiday abroad. People chose where they wanted to go each time. Based on people's suggestions for destinations and wishes for the kind of activities they wanted to do, staff presented options using photographs and descriptions of what was available. People then collectively considered their options and decided where to go. Staff told us, "It was an all-inclusive holiday... They did everything every other person did." A relative said, "They go away a lot, to Butlin's in the summer... [Person] has been abroad five or six times."
- The home had extensive links with community resources and services. People regularly attended day centres, community activities and local amenities such as the bowling alley and pub. They went to clubs for particular interests, such as art and drama.
- People were supported to access volunteering opportunities in the local community. For example, one person did voluntary work at a local café which they enjoyed.
- People were supported to have relationships with families and friends. They told us they were able to have visitors if they wanted, but that they also visited people. One person was supported by two staff to travel and visit a family member some distance away several times a year. People's support plans included important family dates like birthdays and anniversaries and people were supported to send cards and presents appropriately.
- People were supported to have meaningful friendships. People living in the home told us they were friends with each other and told us they usually enjoyed spending time together, but that they were also able to have "peace and quiet" when they wanted. There were frequent parties and social activities organised with other local homes in the provider organisation and people told us they enjoyed these. It was clear that people and staff got on very well.

- The home's activities and celebrations reflected the cultural diversity of the people living there. Important cultural and religious dates were noted in people's support plans. People also enjoyed seasonal activities. For example, we saw people and staff having fun making pumpkin soup and eating it for Hallowe'en lunch together.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was dedicated to ensuring that people had choice and control in their lives. People were involved in the running of the home and making collective decisions about its management, including significant decisions about the nature of the services they were receiving, in the process of deciding if the house should remain a care home or change to being a supported living service. People were supported to participate using different communication methods to ensure everyone's voice was heard. Where a person did not have capacity to understand the issues they were supported by an independent advocate.
- People were fully involved in planning and reviewing their care. Every month they met with their key worker and reviewed their support plan. This included discussion of if they had enjoyed their activities in the previous month and discussed what they would like to do for the next month. People told us they chose what to do with their lives, and that staff listened to them.
- People's support plans were very personalised and included how they wished their assessed needs to be met. The information in the plans was clearly written and detailed. It reflected the in-depth knowledge and understanding staff had of people's personal histories and how they wished to be supported.
- People's relatives and representatives were appropriately involved in planning people's care. A relative told us, "They let me know the review is happening, and I normally go there."
- Daily records were kept and reviewed regularly by the registered manager. There were handovers between shifts. At every staff meeting, there was discussion about people's needs and how they were being met or not. We could see that these discussions had been followed up and appropriate action taken.

End of life care and support

- The service was not supporting anyone at the end of their life, but people's end of life needs had been discussed and recorded appropriately. People's personal beliefs and their religious and cultural preferences had been recorded in detail and any arrangements already in place were noted.
- Staff had all been trained in end of life care. They told us that they knew they would be supported by their team and the provider organisation if someone they cared for passed away. The registered manager told us that looking after grieving staff was very important. One staff member told us, "I was key worker for a person who I had looked after for about a year and I got three days off... There is a counselling service."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were thoroughly assessed and well documented in line with the AIS. We saw people and staff comfortably using different approaches and communication methods with each other, such as using Makaton signs and picture books.
- All of the service's information was available to people in suitable formats, such as large print or using easy English and symbols. For example, when people had their monthly care review meeting with their key worker, the notes were recorded using simple language and symbols.
- People's behaviour as communication and the non-verbal ways people expressed pain and discomfort

were clearly described. For example, it was noted that one person would begin 'pacing' when they needed something. The best ways to respond to people when they were in distress were clearly described.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and this was available in different formats. People and their relatives told us they would be completely comfortable making a complaint directly to the manager if they wanted to. There had been no complaints about the quality of the service in the past year. A relative told us, "I've never had to make complaint... There was a minor issue years ago with a member of staff but it was resolved quickly."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a positive atmosphere. People told us they liked living there. Most people had lived there for a long time, including two people who had lived there more than 20 years. A relative told us, "If it wasn't for Mount Adon, [person] wouldn't exist."
- Staff turnover was low, ensuring continuity of care. One staff member told us, "I'm really happy working here." A relative said, "Some of the staff have been there as long as [person]."
- Staff spoke to and about people in a positive and empowering way. Support plans, risk assessments and records used person-centred, inclusive language.
- People's outcomes were good. They told us they were happy and were able to do things they enjoyed. Their wellbeing was promoted, and they had active lives in the home and in the community. A relative said, "Just put 'outstanding' - it's what [person] would say."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and their regulatory responsibilities around reporting to the CQC, and sent the required notifications correctly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles and responsibilities. There were regular staff meetings. Staff told us, "We are very good at working in a team" and "I have to say, the house is really well run, the people here are very diligent, my colleagues know what they are doing, everyone here has empathy, very important... I would sing the praises of this place."
- Managers and staff were knowledgeable about current best practice and stayed up to date using different resources. These included CQC publications, NICE guidance and the provider's internal resources. Staff spoke highly of the provider organisation and the registered manager. One said, "He's very approachable."

Continuous learning and improving care

- We could see that suggestions for improvements were regularly sought from people, family members, commissioners and other stakeholders and these were acted upon. For example, it had been identified that

people wanted more social activities and parties, and to meet more people. The service therefore introduced frequent social events between homes in the same area.

- There were systems in place to monitor the quality of the service. This included regular auditing of daily checks and records by the registered manager, who took appropriate action when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was going through a period of change, and had involved people and their relatives extensively in the decision making process. We saw examples of how the service had communicated with families and people, such as letters and meeting notes. We could see that people at been at the centre of the decision and their needs and wishes were put first.
- People's feedback about the quality of the service was sought in formal and informal ways. We observed that people were comfortable expressing their feelings to the staff. People's feedback was sought during key worker sessions, resident meetings and an annual survey of people, their relatives and representatives and professionals. This took into account people's communication requirements, such as using symbols. Feedback and results we saw were universally positive.

Working in partnership with others

- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home. Records of these visits were kept.
- The home worked effectively with local services and businesses to ensure people were able to access social and volunteering opportunities in the community.