

Dhaneswar Dooraree

London Mental Health Centre

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

London Mental Health Centre provides accommodation, care and support to up to 15 people with mental health needs. At the time of our inspection 12 people were using the service.

We undertook an unannounced inspection on the service on 23 April 2015. At our last inspection on 5 September 2013 the service met the regulations inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff supported people to maintain their safety. Assessments were undertaken to identify any risks to a person's safety and management plans were in place to address those risks. Staff were aware of signs and symptoms that a person's mental health may be deteriorating and how this impacted on the risks associated with the person's behaviour. People were supported as appropriate to maintain their physical and mental health. People had care plans outlining the goals they wished to achieve whilst at the service and what support they required from staff to achieve them.

Summary of findings

Staff worked in combination with the community mental health team to ensure people received adequate support. Any concerns about a person's health were shared with the person's care coordinator so they could receive additional support and treatment when required.

Safe medicines management processes were in place and people received their medicines as prescribed.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

People were encouraged to express their opinions and views about the service. There were regular meetings with people and individual support was provided through a key worker system.

There were sufficient numbers of staff to meet people's needs. Staff had the knowledge and skills to meet people's needs, and attended regular training courses. Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service.

The management team undertook checks on the quality of service delivery. A range of audits were undertaken to ensure the service was delivered in line with the provider's policies and procedures, and that people received the support they required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff were aware of the risks to people's safety and supported them to manage those risks. Staff liaised with the health care professionals from the community mental health team when people required additional support to remain safe.

People received their medicines as prescribed and regular checks were undertaken to ensure safe medicines administration.

There were sufficient staff to meet people's needs. Recruitment checks ensured staff were suitable to work at the service and meet people's needs. Staff were aware of safeguarding adults procedures and reported any concerns as required.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to meet people's needs, and these were updated through attendance at training courses. Staff received supervision from their manager to ensure they had the support to meet people's needs.

People were supported in line with the Mental Capacity Act 2005. Staff were knowledgeable about the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no-one was subject to DoLS, and were free to come and go from the service.

People were supported to maintain their health and have their nutritional needs met.

Good



Is the service caring?

The service was caring. Staff had built positive relationships with people. They engaged people in conversations and were aware of people's communication needs.

People's privacy was respected and staff gave people space when they wanted some time on their own.

People were involved in decisions about their care. Staff met with people to discuss their care and support needs, so that support could be provided in line with people's preferences.

Good



Is the service responsive?

The service was responsive. People were supported in line with their needs. Care plans were in place addressing the goals people wished to achieve whilst at the service and how staff were to support people to meet those goals.

People were supported to develop their daily living skills and work towards becoming more independent. People were encouraged to take part in activities and the service supported people if they wanted to take part in college courses or work experience placements.

People were encouraged to express their views and opinions, during attendance at regular meetings. Complaints were investigated and responded to appropriately.

Good



Summary of findings

Is the service well-led?

The service was well-led. There was good team working and staff felt supported by their manager. Staff were encouraged to express their opinions, and they told us any concerns they had were listened to by the management team.

The management team obtained feedback from people and other healthcare professionals involved in a person's care to identify any areas of service delivery requiring improvement. No improvements had been identified through the previous feedback received.

The management team undertook checks on service delivery to ensure people were supported in line with the service's policies and procedures. The audits undertaken did not identify any concerns about service delivery.

Good



London Mental Health Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

A single inspector undertook an unannounced inspection of the service on 23 April 2015.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We viewed the information included in the PIR and reviewed information we held about the service, including statutory notifications received.

During the inspection we spoke with three people using the service. We spoke with four staff, including the registered manager, the deputy manager, and two support workers. We reviewed three people's care records and three staffing records. We reviewed records related to the management of the service, including quality assurance checks, and medicine administration records.

After the inspection we spoke to another support worker who also had an activities coordinator role. We spoke with a commissioner of the service, a community psychiatric nurse and the manager from the community mental health team providing care and treatment to people using the service.

Is the service safe?

Our findings

People told us they felt safe at the service. Staff supported people to be safe and free from harm. Staff were aware of their responsibility to safeguard adults, and were aware of the reporting procedures if they had any concerns about a person's safety. Any concerns or changes in a person's behaviour which may indicate their safety was being compromised were recorded and discussed amongst the staff team. Concerns were reported to the health care professionals involved in a person's care and the local authority's safeguarding team as appropriate. At the time of our inspection no safeguarding concerns were being investigated.

Staff were aware of the whistleblowing policy and procedures, and felt comfortable to use them if they felt it was necessary.

Individual assessments were undertaken to identify the risks to people and others. These assessments were undertaken in combination with information obtained from people's care coordinators. For each risk identified a plan was developed as to how to manage and minimise it. Information was also included in one person's risk assessment about risks that were not present at the time, but were known to occur when the person's mental health deteriorated. People's assessments included information about what may increase the risks to people's safety. For example, one person had a history of taking illicit drugs and these were known to increase their risky behaviour. Staff reported all accounts of the person taking drugs to their care coordinator and monitored them closely to identify any changes in behaviour.

Information was provided to staff about people's behaviour that may lead to them being in conflict with other people. For example, one person often invaded other people's personal space and this had led to a few incidents at the service. Staff spoke with the person as to why this behaviour may upset others and how they could avoid conflicts with people at the service and in the community.

Staff learnt from incidents that occurred at the service. Staff had worked with the community mental health team to recognise signs and symptoms that a person's mental health was deteriorating, which may mean an increase in

the amount of aggressive and violent behaviour displayed. Staff identified promptly if people were displaying signs that their health was deteriorating and supported people appropriately, together with their care coordinator.

Staff undertook observations every two hours to identify where people were and what they were doing. This was in place as many people were at risk of starting a fire accidentally due to smoking. Staff reminded people that there was a dedicated smoking area in the garden, however, some people still continued to smoke in their rooms and were at risk of not properly extinguishing their cigarettes. Staff also undertook these observations so they were aware of who was in the building at one time, as people did not always inform staff if they were going out.

There were sufficient staff to meet people's needs. Staff were available 24 hours a day. There were at least two staff on duty, and this was increased according to people's needs. Staff were available to escort people to appointments, if people requested it. Staff were available to supervise and support people as required to meet their needs and ensure their safety. Shifts were organised so that there was time for handover of information between staff to enable continuity in care and support provided. An on call service was available so staff could obtain further advice and support from a member of the management team when required.

There were no vacancies within the staff team, and staffing numbers enabled shifts to be covered if staff had annual leave, were off sick or were attending training courses. The service had recruited five staff within the last year. Recruitment processes ensured staff had the experience, knowledge and qualifications to support people. Checks were undertaken to ensure staff were suitable to work with vulnerable people and were eligible to work in the UK.

Safe medicines management and administration processes were in place. People received their medicines safely and as prescribed. People we spoke with were aware of what medicines they were required to take and told us staff supported them to ensure they received their medicines. All medicines administered were recorded on a medicine administration record (MAR). We checked the MAR for three people and these were completed correctly. We saw that records were completed of all PRN (when needed) medicines administered and if people received home remedies it was recorded the amount given and the reason why. Home remedies are medicines that can be obtained

Is the service safe?

without a prescription, for example, paracetamol. We checked the stocks kept at the service for four medicines. We saw that for the majority the stock kept was as expected. However, we identified that there was one extra tablet in stock for one medicine. The service undertook daily stock checks, which identified up until the night before our inspection correct stock levels were kept indicating that the person had received their medicines as prescribed. This identified that the error in administering this person's medicine occurred on the morning of our inspection. This was rectified as soon as it was identified, so that the person received the medicines they required and there was no impact on the person's health.

One medicine was required to be kept in a fridge. Daily checks were undertaken on the temperature of the fridge

to ensure the medicines were kept at the appropriate temperature. Checks were also taken on the temperature of the room where medicines were kept to ensure they were stored within safe temperature ranges. The temperature recordings we viewed showed that both the room and the fridge operated with safe temperature ranges.

Medicine reviews were undertaken if there were concerns about a person's medicines or their side effects. One person felt they were taking too high a dose for one of their medicines, and staff supported them to meet with the clinicians involved in their care to discuss their medicines. Staff ensured people had information about any side effects of their medicines, and staff monitored people to identify any side effects so they could be supported appropriately.

Is the service effective?

Our findings

One care coordinator told us, the staff had the “highest levels of professionalism and clearly have an excellent understanding of their clients mental health issues.” Staff updated their knowledge and skills through attendance at regular training courses. Staff received training in subjects considered mandatory by the service including; safeguarding adults, first aid, fire safety, food hygiene and medicines administration. Staff also received training specific to people’s needs including; managing risk, prevention and management of violence and aggression, and supporting recovery. We saw that some staff also had been trained to support people with their epilepsy and a diagnosis of autism.

Staff received supervision from their line manager. This gave staff the opportunity to discuss their roles and responsibilities, and to highlight any further support or training they required. One staff member told us they felt able to raise any concerns they had and speak openly to their manager during their supervision sessions. One staff member told us they received lots of support from their manager. They felt there were opportunities to learn and develop their skills.

Staff were aware of the requirements of the Mental Health Act 1983 and supported people in line with the conditions of any sections they were subject to. Staff also understood their responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to make decisions about their care and the support they received. Staff requested for assessments to be undertaken if they felt a person may not have the capacity to make a decision about their health and care. If people did not have the capacity to make certain decisions, these were made for them by the professionals involved in their care within their best interests. Staff had arranged for a MCA assessment to be undertaken and a best interests meeting held because they had concerns that a person was neglecting their physical health. The person was assessed as having capacity to manage their own physical health. Staff gave them information about the risks of their behaviour to their physical health, in liaison with the person’s GP and Psychiatrist, so they could make an informed decision about what they did.

Some people were unable to manage their finances. Court approved appointees managed people finances for them.

The staff liaised with the appointed individuals to ensure people had sufficient amounts of money on a day to day basis. Staff stored people’s money securely and kept a record of all transactions made. We checked the money stored for two people at the service and balance was as expected.

Staff were aware of the Deprivation of Liberty Safeguards (DoLS). No one was subject to DoLS at the time of our inspection. People told us they were free to come and go from the service as they wished. One person told us they went for a walk in the community whenever they wished to. If people were to stay out after midnight a member of the staff team contacted them to ensure they were safe and free from harm.

People were supported to have their nutritional needs met. One person described the food at the service as “marvellous.” Meal times were prepared by the staff. People were asked during meetings what they would like to eat and this was accommodated on the menu. People were able to request alternatives to the meals on offer if they did not like what was on the menu. Staff were aware of people’s dietary requirements and encouraged them to choose meals that met their needs. Staff encouraged people to eat healthily and provided people with information about healthy eating. One person was at risk of missing meals and losing weight. The staff reminded the person to eat and offered meals at alternative times if the person had missed a meal to ensure that had their nutritional needs met. Snacks and drinks were available throughout the day.

Staff supported people to have their mental and physical health needs met. Staff supported people to maintain contact with the professionals from the community mental health team involved in their care, and supported them to attend regular meetings to review their mental health needs.

People told us staff supported them to maintain their physical health. They said staff supported them to access a GP when they needed to. One person told us they received visits from district nurses to help with their physical health needs. Staff worked with the other healthcare professionals involved in a person’s care and followed advice given about how to support the person. One person received support from a physiotherapist and staff encouraged the person to undertake their exercises.

Is the service caring?

Our findings

One person told us, “I like the staff. I like everyone” and described the staff as “marvellous.” Another person said they got on with the staff and enjoyed having conversations with them. One person said, “You talk to staff and they talk to you back.” Staff told us they enjoyed interacting with people at the service and this provided them with high job satisfaction.

We observed staff engaging people in conversations, and speaking to them politely. Staff were quick to respond if people requested some help, and gently encouraged them to undertake specific tasks. Staff were also aware of when people wanted space and took direction from the person as to whether they wanted to engage in conversations.

Staff respected a person’s privacy. Staff did not enter a person’s bedroom without their permission, unless there were concerns about their safety. As much as possible, where people required support with their personal care a member of staff the same gender as the person supported them.

Staff were aware of people’s preferences and provided care in line with this. For example, one person preferred to lie in until midday. Staff respected this and in the late morning they went to check the person was ok and offer them a cup of tea.

Staff were aware of people’s interests and pastimes, and encouraged to take part in activities at the service. Staff told us that some people enjoyed socialising and meeting up with friends. One person told us they enjoyed people watching and often went to the local amenities to enjoy time in the community.

People were involved in decisions about their care. The service used a key worker system to provide people with regular individual support. Staff told us they used the key work sessions to ask people about their support needs. This gave people the opportunity to tell staff if they needed any additional support or if they felt they had progressed and their support needs had reduced. People were involved in the development and review of their care plans, so that the support provided could be tailored to meet their needs, and they received support in line with their preferences.

Staff were aware of people’s communication needs and supported them as required to communicate their wishes. Staff told us one person had limited speech and sometimes they preferred to write their requests down rather than communicate verbally. Information was included in another person’s records that they responded better and understood information more if people spoke to them in clear short sentences. We observed this in practice when staff were speaking to this person.

Is the service responsive?

Our findings

One person told us they could trust the staff and “they help me to get on.” Another person said the staff were helping them and gave them the support they needed.

Each person had a care plan in place for each identified support need. The care plan identified each person’s needs and their short and long term goals. Information was included in people’s records about how the person could support themselves and how staff could support them to achieve them goals. We saw from records made daily about how staff supported people, that people were supported in line with the information in their care plans.

Copies of reports from meetings people had with the healthcare professionals involved in the treatment of their mental health were kept in people’s care records. These enabled staff to be informed of any changes in people’s support needs and to identify progress the person had made since being at the service. The manager from the community mental health team told us that the service had supported people to reduce their admissions to hospital. One care co-ordinator told us, “[The staff] have been proactive in managing my clients who have shown signs of relapse by keeping me informed and listening /taking advice as needed.” There was good joint working with other professionals involved in people’s care. A member of the community mental health team told us about the service and staff, “They work with us” and “We can’t do it without them.”

Information was provided to staff about what increased a person’s anxiety and how the person was to be supported to reduce their anxiety. Staff encouraged people to talk about their feelings and any changes in mood. For some people this helped them to manage auditory hallucinations they experienced. We saw from one person’s key worker session records that they were aware that support was available from staff if they were experiencing a high number of auditory hallucinations that they felt unable to self-manage.

Staff were knowledgeable of people’s needs. They were able to tell us what support people required from staff and the reasons why. For example, one person had limited mobility and this affected their ability to undertake their personal care. Staff were aware of what this person was able to do independently and supported them where

required with anything they were unable to manage on their own. Information was provided to staff about maintaining appropriate boundaries in order to encourage people to do things for themselves and become more independent. For example, making it clear that the staff’s expectation was that people should adhere to their own personal care when they are able to do so.

A member of the community mental health team told us the service supported people to move to more independent living and supported them to develop their daily living skills. Cookery classes were offered at the service to help people to develop their cooking skills. However, the kitchen was kept closed outside of the cooking class and therefore the opportunities to develop cookery skills were limited if people could not make the class. Staff were supporting people to increase their social skills. We saw in one person’s records that they needed support to understand how to engage in appropriate conversations, the importance of letting other people speak, and about topics that were not suitable to discuss with people. Another person was at risk of becoming socially isolated and a structured timetable had been put in place to support the person to socialise. We saw that some people had built friendships with the other people at the service and enjoyed spending time together.

The management team identified that staff were struggling to motivate people to get involved in activities. An activities coordinator had been recruited to try and increase people’s interests in activities. The management team were open to suggestions about new activities to try at the service and the activities coordinator had, in liaison with people using the service, identified a number of new pastimes to undertake. The activities coordinator told us they were working with people to tailor the activities on offer. One person told us they used to like knitting and the service was going to start a knitting group to see if the person wanted to uptake that interest again.

The service had links with local college courses and voluntary groups. At the time of our inspection only one person was interested in attending these opportunities. This person was taking part in an IT course at the college.

Meetings were held with people using the service. These meetings gave people the opportunity to discuss any concerns they had or what they wished to receive whilst at the service. These meetings were often used to discuss the service’s menu and the activities on offer, including any day

Is the service responsive?

trips they wished to take part in. We viewed the minutes from the meeting held in March 2015. We saw that this was used to discuss the importance of fire safety, and reiterate the rules around smoking at the service.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. One person told us they had made complaints and the manager had responded to them. We reviewed the complaints received in the last year.

We saw that all complaints had been investigated and the complainant was responded to with the outcome of the manager's investigation. We saw that complainants were invited to meet with the manager if they wanted to discuss their complaint further. One complaint related to the water at the service and the management team undertook the appropriate investigations to ensure the water was safe to drink.

Is the service well-led?

Our findings

Staff told us they had a supportive management team, and they were able to raise any concerns they had. One staff member told us, “They had plenty of opportunities to raise any concerns.” Staff also felt able to admit if they had made a mistake and that this would be addressed and learnt from to stop it from reoccurring. Another staff member said the management team was “great” and they “always have someone to listen to them.” Staff told us there was good team working and they felt well supported by their colleagues. Staff felt the management team included them in discussions about the service and they felt involved in service progression and development. Staff felt they were encouraged by their manager to take on extra responsibilities, as and when they felt they were ready to.

Staff meetings were held regularly. We viewed the minutes from the last meeting in February 2015. This was used to reinforce with staff the importance of accurate recording of medicines administered, the importance of confidentiality, and the involvement of people in activities. The meeting was also used to review the key work system and discuss any changes in people’s needs, and how these were to be met by the team.

People told us they liked the manager and deputy manager, and felt they could talk to them. One person told us the staff asked for their opinions and they were asked to complete a satisfaction survey. We viewed the findings from the satisfaction survey undertaken in 2014. These showed that people were satisfied with the support provided by staff. They felt they were treated like equals and staff listened to them if they had any concerns or wanted to talk.

The manager also asked other health care professionals involved in the care provided to people about their experiences of the service. We viewed the findings from the 2014 survey which showed they were complimentary about the service. They felt high quality care was provided and the staff supported people to implement the advice given at people’s health care review meetings.

The management team undertook audits to review the quality of the care provided. This included audits of the first

aid kit, health and safety processes, fire safety equipment, medicines management, and care plans. An audit was also undertaken to review the processes at the service in line with Regulation 9 and 17 of the Health and Social Care Act (2008) regulated activities 2010. This looked at people being involved in their care and the quality of care provided. No concerns were identified in the audits we viewed, and they showed that the care and support provided by staff was in line with the service’s policies and procedures. The management team were in the process of amending their quality assurance processes to be in line with the 2014 Health and Social Care Act regulations.

We viewed a report from a quality assurance visit in December 2014 undertaken by one of the funding authorities. They did not identify any concerns with the quality of the service delivered.

The manager reviewed all incidents that occurred at the service. However, we noted that whilst the incident report recorded the action taken at the time of the incident to support the person, it did not record the follow up action to ensure people continued to remain safe and free from harm. For example, we saw there had been an incident which ended up with a person having a fall. The staff checked at the time of the incident that the person did not have any obvious injury, but there was no follow up action to ensure no further injuries presented later on. The management team had not analysed the incidents that occurred to identify any patterns or trends which may indicate a person required additional support to maintain their safety or the safety of others. We spoke to the registered manager about this and they said they would implement a system of reviewing and analysing the incidents that occurred, for example to identify if the number of falls one person was having had increased.

The service adhered to the requirements of their registration with the Care Quality Commission (CQC). Statutory notifications were sent as required in response to certain circumstances. Information was included in people’s care records who had a history of being involved in incidents that required notification to the CQC so staff were clear about what was required to be reported.