Sophia Maria House

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Inspection report

29 Gleneagle Road,
Streatham,
London,
SW16 6AY
Tel: 0208 677 5412

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Overall summary

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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 30 July 2014. Sophia Maria House provides accommodation and support to women with mental health needs. The service can accommodate up to seven women. At the time of our inspection three people were using the service.

At our last inspection on 18 June 2013 the service met the regulations inspected.

The service had a registered manager who had been in post since the service opened in January 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Two of the three people using the service told us if they were rating the service they would rate it as "outstanding". When asked why, they said it was because of the support provided to them by the staff at the service. People told us staff were available when they needed them and they were able to obtain the support they required.

There was a safe environment for people who used the service and staff. Staff were knowledgeable in recognising signs of abuse and the associated reporting procedures. Medicines were securely stored and administered.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care plans were developed with people who used the service to identify how they wished to be supported and decide upon goals they wanted to achieve whilst at the service.

Staff had the skills and knowledge to support people who used the service. Staffing levels were flexible to meet the needs of people, and could be increased to support people to go out if they preferred to have staff with them.

Staff were supported by their manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were made when required. The manager reviewed processes and practices to ensure people received a high quality service.

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?

Good

There was a safe environment for people who used the service and staff. Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager and the person's care co-ordinator (a member of the community mental health team). At the time of our inspection no one was subject to the Deprivation of Liberty Safeguards. The service was meeting the requirements of the Mental Capacity Act 2005 code of practice.

Assessments were undertaken to identify risks to people using the service and others. Plans were in place to manage these risks and protect people using the service, including protecting people from self-neglect.

Medicines were stored securely and administered as required.

Staffing numbers were flexible to meet the needs of people who used the service.

Is the service effective?

Good

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training and to continue with their professional development through completion of national vocational qualifications.

People were able to cook for themselves, or if they preferred, staff cooked for them. There was access to food and drink throughout the day and night.

People were supported to have their physical and mental health needs met. Staff liaised with the local mental health service about people's needs. People had access to their care co-ordinator (a member of the mental health team) and their consultant psychiatrist as required.

Is the service caring?

Good

People who used the service were supported by the staff and had built positive caring relationships with them.

People's privacy was respected by staff.

People were involved in making decisions about their care. They were able to set their own goals about what they wanted to achieve whilst at the service. Regular meetings were held with staff to discuss people's progress and any additional support they required.

Is the service responsive?

Good

People's needs were assessed and care plans were produced identifying how to support people with their mental health needs. These plans were tailored to the individual and reviewed as people progressed at the service. We found some details relating to people's interests were missing from their care records, but this did not have a direct impact on the support they received.

People were encouraged and supported to provide feedback on the service. We saw that meetings were held with people who used the service and satisfaction surveys were provided to obtain their views on the service and the support they received. A complaints process was in place.

Summary of findings

Is the service well-led?

Good

Staff were supported by their manager and felt able to have open and transparent discussions with them through one to one meetings and staff meetings.

The service had processes in place to review incidents that occurred and we saw that action was taken to reduce the risk of them reoccurring. Incidents were notified to the Care Quality Commission as required.

The manager reviewed policies and practices at the service to ensure the quality of service provision, and monitor the support provided to people that used the service.

Sophia Maria House

Detailed findings

Background to this inspection

We undertook an unannounced inspection to Sophia Maria House on 30 July 2014. The inspection was undertaken by an inspector and the deputy chief inspector for adult social care in London.

Before the inspection we reviewed the information we held about the service, this included a Provider Information Return (PIR). The PIR is completed by the provider informing us about areas of good practice and areas for future improvement under each of the five questions.

At our last inspection on 18 June 2013 the service met the regulations inspected.

During the inspection we spoke with the registered manager, the assistant manager and the three people who were using the service. We reviewed the care records for all three people using the service and records relating to staff, medicines management and the management of the service. We undertook a tour of the service to review the environment.

After the inspection day we spoke with two of the three support workers employed at the service. We also spoke with two care co-ordinators from the local mental health service who supported people using the service.

The registered manager also had responsibility for another service in the local area, and therefore was not based at Sophia Maria House on a full time basis.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe.

The service provided a safe and secure environment to people who used the service and staff. Cameras had been installed, with agreement from the people who used the service, in communal areas which covered the front and back doors so staff were able to see who was coming to and from the service. No one was able to enter the service without a key and staff checked the identity of visitors before letting them in. People that used the service had keys to their bedrooms so they were able to keep their belongings secure.

The environment was well maintained and the boiler, electrics and water supply had been tested to ensure they were safe to use. The rooms in use had restrictors on the windows to reduce the risk of people falling out of the windows. One bedroom required maintenance and it was not in use at the time of our inspection. Lighting and heating were in good working order. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked to ensure they worked and people were aware of what to do in the event of a fire.

Staff undertook two hourly checks to ensure the safety of the environment and undertook ad hoc room checks to ensure people did not have items they could use to cause harm in their rooms.

Staff were knowledgeable in recognising signs of potential abuse and discussed any concerns they had with the registered manager and the person's care co-ordinator (a member of staff from the community mental health team). Since the service opened no safeguarding concerns had been raised.

Staff were aware of their requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had received training in these topics and had read the policies available. At the time of our inspection no one required the use of DoLS. People were able to freely come and go from the service

Assessments were undertaken to identify the risks presented to people who used the service and others. These assessments were based on information provided by the referring agency and observations undertaken at the service. This included identifying whether people were safe to use equipment, such as sharp knives and lighters, or whether they needed to be supervised by staff to ensure their safety and the safety of others. Plans were developed with people who used the service to manage any risks identified. This included supporting people who were at risk of self-neglect.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines needed to be taken and when. One person was self-administering their medicines. A risk assessment had been undertaken to ensure they were safe to do so and staff checked the person had taken their medicines and completed their medicines administration record (MAR). Staff were managing the medicines for one person and we saw this was administered appropriately and recorded on their MAR chart. Staff recorded stock received at the service, but this was not transferred to the person's MAR chart at the time of our inspection. This meant we were unable to ensure the stock balance was correct. However, the person using the service told us they received their medicines on time as prescribed.

There were adequate staffing levels in place. One staff member was on duty at all times. This was increased as required to cover meetings and to support people who were new to the service or required additional assistance, for example, if they preferred to have staff accompany them when they were in the community. There were sufficient staff employed to cover the shifts and to cover annual leave and sickness. People who used the service felt there were enough staff and that staff were available if they needed assistance or someone to talk with. One person told us, "[The assistant manager] is easy to talk to. I have long chats with her all the time."

Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a disclosure and barring service check to help ensure staff were safe to work with vulnerable adults.

Good

Is the service effective?

Our findings

Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people using the service. Staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, food hygiene, infection control, first aid, medicines administration, and working with challenging behaviour. We viewed the staff training records and saw the majority of staff were up to date with their training. Staff were supported to continue with their professional development and we saw that staff had completed national vocational qualifications in health and social care, and mental health awareness. Staff were able to discuss their development and training needs during regular supervision sessions and at annual appraisals.

The option was given to people each day as to whether they wished to cook for themselves or if they preferred staff to cook for them. One person told us, "Staff cook for us or you cook for yourself." At the time of our inspection, people using the service enjoyed cooking and prepared their meals for themselves. If required, staff supported people to cook and were able to offer cookery lessons. Staff offered people advice on healthy eating and helped them to maintain a balanced diet. At the time of our inspection people using the service did not have any specific dietary requirements. On the day our inspection the fridge, freezer and cupboards were well stocked. A kitchen was available to use throughout the day and people were observed while cooking, when required, to ensure the safety of themselves and others. The kitchen was locked overnight to reduce the risk of people cooking unsupervised at night, but people were able to access drinks and snacks in the communal lounge as and when they wanted.

At the time of our inspection people using the service did not have any requirements regarding food preparation or meals due to allergies or cultural preferences, however, this could be accommodated if required.

People who used the service told us they managed their physical healthcare needs themselves but that staff supported them if needed. People were registered with local GPs, dentists and opticians to ensure their primary health care needs were met. Staff accompanied people to hospital appointments if the person wished them to.

People received support and treatment for their mental health needs from the staff at the service and from the healthcare professionals involved in their care from the community mental health team. People told us they were able to speak with and meet with their care co-ordinator (a member of the community mental health team) as and when they required. They told us they could "always talk to them". They told us they were able to speak to their consultant psychiatrist if they wished to. Information was provided to staff about signs and symptoms that a person's mental health was deteriorating and any concerns were discussed with the person's care co-ordinator. One of the care co-ordinators told us, "If [staff] have any concerns about [one of the people using the service] they will inform us quickly."

People who used the service received the enhanced care programme approach (a programme to co-ordinate people's mental health needs in the community). Staff prepared reports with the person who used the service to identify the progress they had made. Everyone involved in their care worked together to identify the next steps towards the person being able to live independently. One person told us in regards to their care, "We do it as a team."

Is the service caring?

Our findings

There were positive caring relationships between people who used the service and staff. One person described the staff as "warm, supportive, approachable, wonderful and awesome". Another person described the staff as "pleasant and helpful". A third person told us, "I feel really at home. I feel supported and have the right network around me." People using the service told us the staff were available if they needed someone to talk to.

Two of the three people using the service told us if they were rating the service they would rate it as "outstanding". When asked why, they said it was because of the support provided to them by the staff at the service. One person told us "it's all thanks to the staff" in regards to the progress they had made at the service.

People told us their privacy was respected and staff didn't disturb them if they didn't want to be. They said staff knocked on their bedroom door and waited to be invited in before opening the door.

People were involved in making the decision to use the service at Sophia Maria House. Prior to people coming to stay at the service, they were given the option to come for day visits and overnight visits to help make an informed decision about whether they wanted to stay at the service.

At the time of our inspection people using the service had the capacity to make decisions about their care.

If people wished to have additional support to make a decision they were able to access an independent mental health advocate through their community mental health team.

People told us they had been involved in making decisions about their care and developing their care plans. The care plans we saw had been signed by the person using the service indicating they were in agreement with it. People told us they were able to set their own goals about what they wanted to achieve while at the service, and staff supported them to achieve them. They told us the staff enabled them to make steps towards their goals at their own pace.

People received regular one to one meetings with their key workers (a member of staff who leads on supporting them at Sophia Maria House). This provided people with the opportunity to review the progress they had made, discuss the next steps towards achieving their goals and give people an opportunity to feedback about the service or raise any concerns they had. People who used the service said they were given opportunities to give their views about the service. When asked whether they felt the staff listened to their concerns one person answered, "of course they do".

Good

Is the service responsive?

Our findings

People's needs were assessed upon referral to establish if Sophia Maria House was a suitable placement and able to meet the person's needs. Information was provided by the referring agency on the person's care and support needs. If a person was being referred from an inpatient setting, the registered manager attended their discharge meeting to obtain information on the person's health and support needs. This enabled staff to produce an initial care plan as to how they were to support a person during their first few days and ensure a consistent approach when people moved between services.

A full care plan was then written with people describing how they wished to be supported and what goals they wished to achieve including learning new skills. One person using the service told us the staff had enabled them to "blossom" so they were now "doing things independently". One of the care co-ordinators told us the staff had helped the person they supported "to achieve her social, physical and mental health needs". Another care co-ordinator told us, "All care plans and interventions are tailored to the individual rather than there being a set plan of care which is applied to all. This is adapted as the [person] progresses … and develops more independence."

People were supported to go out as and when they needed. At the time of our inspection people using the service were able to access the community unsupported, but were accompanied to some appointments by staff when they wished to be. People were also engaging in voluntary employment or being supported by staff to find employment to further increase their independence.

People were asked about their religion and were supported to access local places of worship to practice their faith.

We found staff were knowledgeable about people's needs, the support they required, the hobbies and interests they had, and the activities they liked to participate in. However, some of this information was missing from people's care plans. For example, the care plans did not contain information about their hobbies or the social activities they liked to participate in. We raised this with the assistant manager who said they would review people's care plans to ensure it included all the required information.

The service held regular meetings with people that used the service in order to get their views on the service provided. One person using the service told us they used the meetings to discuss "what's on our minds". People using the service were able to set the agenda and make suggestions about service delivery. We saw from minutes of previous meetings that people had discussed arrangements around evening curfews and the process of requesting permission to stay out later. The meetings also provided an opportunity for staff to inform people about changes which affected the day to day running of the service. For example, there had recently been a change in how refuse was collected for the service.

The service collected formal feedback from people through the completion of six monthly satisfaction surveys. People were happy with the service they received. Some of the comments received included, "staff are always available", and "staff are nice, understanding and approachable".

There was a complaints process available and this was displayed in the communal area so people using the service were aware of it. People who used the service said they had not needed to complain and we saw from their records that the service had not received a complaint in the last year.

Good

Is the service well-led?

Our findings

Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. Staff felt supported. A member of staff said, "When we need the manager, she's there."

Staff received supervision every two months. This gave them the opportunity to identify what had gone well, what new things they had learnt and any areas for development. Support workers received supervision from the assistant manager. The registered manager reviewed the supervision records for all staff to ensure they received the support they required. This allowed them to identify any concerns so appropriate action could be taken.

Monthly staff meetings were held to enable open and transparent discussions about the service, and allow all staff to raise any concerns or comments they had. We saw the minutes from this included raising any requests from people who used the service to ensure all staff were aware of their request and appropriate action could be taken. For example, there had been a request to adjust the timing of when the heating came on during the winter and this was actioned.

Satisfaction questionnaires were given to staff to gather their views about the service. Responses showed the majority of staff felt they had the knowledge and skills to support people. Staff reported high job satisfaction and good team working. Satisfaction questionnaires were also given to other healthcare professionals involved in people's care. Their feedback showed they were happy with people's progress and felt people's mental health was stabilising. The care co-ordinators we spoke with told us they worked well with the team at Sophia Maria House and there was open communication with the registered manager.

Staff were aware of incident reporting processes and escalated any concerns to the registered manager or assistant manager. In the last year the service had experienced two incidents, both of which were reported to the Care Quality Commission as required. We saw that incidents were managed well, further support was requested by the emergency services when necessary and lessons were learnt on how to improve the service to reduce the risk of further incidents. For example, the service had experienced a fire. In response further checks were made to ensure the fire alarm panel was working. Smoke alarms were tested more frequently and evacuation drills were carried out to ensure staff and people using the service knew what to do in the event of a fire. Following the incident cameras were installed in communal areas, with the consent of people using the service, to provide closer observation of the service.

The registered manager undertook audits to check the quality of service provision and support given to people that used the service and staff. This included checking the quality of care records and the quality of supervision given to support workers. The registered manager visited the service throughout the week including at the weekends to monitor and check on service provision. Their visits included speaking with people who used the service to ensure they received the support they required and to answer any questions or address any concerns they had. However, the registered manager did not undertake checks during the night to ensure people received the support they required. We spoke to the registered manager about this and they told us no concerns had been raised about the quality of service or accessibility of staff during the night.