

Mrs K Shunmoogum

Manon House

Inspection report

82 Mayfield Road
South Croydon
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10 June 2016
13 June 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We visited Manon House on the 10 and 13 June 2016. The inspection was unannounced.

At the previous inspection, in September 2015, the service was found to be breaching a number of regulations and required improvements in the following areas: person centred care; safe care and treatment; safeguarding; receiving and acting on complaints; good governance; and, staffing. The specific details of what required improvement in these areas are outlined in the report. We found the service had made improvements in response to the September 2015 inspection and were meeting the regulations. However, at the inspection in June 2016 we found improvements were needed in the management of medicines.

The service had a registered manager. 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.

Manon House provides care and treatment for up to six males with mental health conditions. There were four people using the service at the time of the inspection.

The service did not always manage medicines safely. We found the service did not have appropriate risk assessments in place for people who were managing their own medicines. Otherwise, medicines were managed safely. People told us they felt safe. Staff knew how to recognise the various types of abuse and the procedures for reporting abuse. They were aware of how to escalate concerns and understood whistle blowing procedures. Staff were confident that they could report any concerns and had completed safeguarding training. People's needs were assessed and risk assessments created. There were sufficient, suitable staff to meet people's needs. The environment was a safe place for people, staff and visitors.

Staff were supported with training and supervision. The service was working within the principles of the Mental Capacity Act. People had sufficient food to eat and liquids to drink. People were supported with their healthcare needs.

The service was caring. Staff were respectful, attentive and knew people well. People were very positive about staff. Staff respected people's privacy and dignity and encouraged independence. People were involved in their care and treatment.

People received personalised care. People's needs were assessed before they came to the service. Care plans were developed with people taking into account their needs and preferences. The views of people using the service were sought to improve service provision. People were confident they could raise issues with staff. A complaints system was in place.

There was a system of audits, formal and informal checks and reviews to assess and monitor service provision. People and staff said the manager was approachable and accessible. Staff worked closely on a daily basis with the manager due to the small size of the service and provided regular feedback on a one-to-one basis. Staff could call the manager at any time of the night or day.

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 did not always manage medicines safely in relation to risk assessments for people managing their own medicines. Staff knew how to recognise and respond to abuse. Risks were identified. There were sufficient staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective. Staff were supported with training and supervision. The service was working within the principles of the Mental Capacity Act. People had sufficient food to eat and liquids to drink. People were supported with their healthcare needs.

Good ●

Is the service caring?

The service was caring. Staff were respectful, attentive and knew people well. People were very positive about staff. Staff respected people's privacy and dignity and encouraged independence. People were involved in their care and treatment.

Good ●

Is the service responsive?

The service was responsive. People received personalised care. People were involved in their care. People were asked about their experiences of the service. People were confident they could raise any issues with staff.

Good ●

Is the service well-led?

The service was well-led. There was a system of audits, checks and reviews to assess and monitor service provision. People and staff said the manager was approachable and accessible.

Good ●

Manon House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 13 June 2016 and was unannounced.

The inspection was carried out by an adult social care inspector. Before the inspection we reviewed information we held about the service which included statutory notifications and safeguarding alerts.

During the inspection, we spoke with three of the four people using the service, three members of staff and the manager. We carried out general observations throughout the inspection. We looked at records about people's care including four care files. We reviewed other records relating to the carrying out of the regulated activities such as medicines, complaints, accidents and incidents, policies, maintenance and health and safety.

After the inspection we spoke with two healthcare professionals for general feedback.

Is the service safe?

Our findings

At the September 2015 inspection it was found medicines were not properly and safely managed. The report identified the service had not carried out a medicine's audit since February 2015; one person kept a prescribed medicine in a communal cupboard; one prescribed medicine was not recorded; the medicine's cupboard contained out of date medicine and medicines for a person who had left the service; and, the cupboard was untidy and files were stored in it.

In this inspection we found these issues had been addressed by the provider. A monthly medicines audit had been introduced. Prescribed medicines were appropriately stored in the medicines cupboard or in people's rooms. The medicine's cupboard was tidy. There were files in the cupboard (care files) but they were in a separate part of what was a large cupboard. There were no 'out of date' medicines or medicines in communal areas.

We did identify other concerns around the management of medicines. Of the four people using the service only one was having medicines administered by staff. The other three were self-medicating. Wherever possible, people should self-medicate. Although people had capacity to make decisions about their medicines none of the expected risk assessments had been carried out and recorded. These would have involved healthcare professionals, including those prescribing medicines, to ensure people were capable of understanding and managing their own medicines.

The lack of risk assessments were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We saw in care plans that people's medicines were reviewed with professionals and where appropriate, due to the types of medicines being taken, people were having regular blood checks. We checked Medicine's Administration Records and noted they were completed and up to date.

At the September 2015 inspection, it was reported the manager and staff failed to recognise incidents as safeguarding concerns; and, there was no system to record and report accidents and incidents in order to learn and improve the service provision. At this inspection we found the service was meeting the regulation. We spoke at length with the manager and staff about safeguarding. In our conversations it was apparent they knew how to recognise the various types of abuse and the procedures for reporting abuse. They were aware of how to escalate concerns and understood whistle blowing procedures. Staff told us they were confident that they could report any concerns and had received safeguarding training. We confirmed this when we examined training records.

We saw records showing staff and manager had completed safeguarding training. A London Borough of Croydon safeguarding poster was clearly displayed in the communal hallway. The 'London multi-agency policy and procedures to safeguard adults from abuse' was available to staff. We spoke with people using the service who told us, "I feel safe here," and, "I've had no problems since I've been here" and, "Everything is okay, good." An incident book had been introduced and we saw the details of one minor incident had

recently been recorded.

At the September 2015 inspection, it was reported the service was not doing all that was to practicable to mitigate risks. There were no risk management plans to correspond with risk assessments and one risk assessment had not been reviewed for seven months. In this inspection we saw the provider had addressed these concerns.

We found that people's care files contained risk assessments to support staff to deliver safe and appropriate care. They provided staff with the guidance to identify and manage risks and where necessary included crisis management plans. Risk assessments were reviewed periodically and in response to changes in needs. We saw an example of one risk assessment that had been put in place in response to a person's changing needs which included crisis management. We saw evidence of people's involvement in risk assessments.

The building and gardens provided a safe environment for people, staff and visitors. The service was located in a detached property on a residential street and provided a homely environment for people using the service who were moving towards more independent living. Staff had completed fire safety training and health and safety essentials. We saw hot water temperatures were taken and recorded weekly.

The fire alarm, emergency lighting, fire extinguishers and fire doors were regularly checked. We saw the audits recorded in a fire safety book. There was an emergency evacuation procedure and individuals had personal emergency evacuation plans. A fire drill was completed once a month and the fire alarms were tested weekly.

We found there were sufficient members of staff to meet people's needs. The staff we spoke with were happy with staffing numbers. The service did not use agency staff. Short notice absences were covered by permanent staff including the manager. Planned absences such as leave were accommodated within the staff rota. All members of staff had experience of working with mental health and had completed National Vocational Qualifications (NVQ) in Health and Social Care. One member of staff we spoke with had achieved NVQ Level 4. The deputy manager was a registered mental health nurse.

Staff were aware that the provider could be contacted at any time for advice and assistance. The deputy took on this role when the manager took leave. Most members of staff lived within a short distance of the service and helped out when needed. All members of staff had been at the service for a number of years and there were low levels of sickness. Staff told us they enjoyed working at the service and were supported by the manager. The service had appropriate recruitment policies in place and staff had completed required checks to ensure they were nothing to bar them from working in adult social care. Staff provided references, identification and work history.

Is the service effective?

Our findings

At the September 2015 inspection, it was reported that staff records showed training was last completed in 2014. The report found there was a risk staff were not updating their knowledge of best practice and changing the way they provided support to people accordingly.

At this inspection we found the provider had addressed these concerns. Staff had the skills and experience to deliver appropriate care and support. In addition to speaking to staff we checked records of staff training and supervision. It was evident that staff were completing a training programme in response to the previous inspection. We saw staff, including the manager, had so far completed training in infection prevention and control; food hygiene; fire safety; safeguarding; health and safety; and, basic life support. Staff were about to start training for mental capacity and deprivation of liberty safeguards.

We saw staff received supervision every three to four months. We were shown the records which recorded performance and included discussion topics such as fire safety, codes of conduct, health and safety, complaints and psychiatric medicines. These discussions provided an opportunity to check staff knowledge and where knowledge was lacking staff were directed to information sources to improve their knowledge.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People using the service had capacity to make day to day decisions. The service was preparing people to become independent. People came into the service with a mental capacity having been completed by the care coordinator. The manager stated unequivocally that any changes in capacity would be immediately referred to the care coordinator to ensure people's best interests were met.

Staff had completed training in mental capacity and DoLS but had not completed a recent refresher. We noted it was the next subject in ongoing training. We spoke with two members of staff to gauge their knowledge on these subjects. Both demonstrated a good knowledge of mental capacity, fluctuating capacity, best interests and how the Mental Capacity Act worked alongside the Mental Health Act. The service had made no applications for DoLS authorities. The service had had a DoLS file to record any such applications. The file also contained guidelines and an up to date code of practice. We saw evidence of consent to care and support in the care plans.

People had sufficient food to eat and liquids to drink. We spoke with people using the service and staff who told us people had plenty to eat and drink. The service did have a menu but it was apparent it was subject to changes at short notice. One member of staff told us they asked people what they wanted for their main meal each day to prevent food being wasted. There were always alternatives available to people. Outside of the main meal, people prepared their own breakfast, lunch and snacks. People helped themselves to drinks. When people came into the service they completed a likes and dislikes form indicating what food they disliked.

People were supported with their healthcare needs. They were registered with a local GP. The manager ensured people using the service were taken to appointments and promptly attended to changes in prescribed medicines. Professionals we spoke with commented on the manager's willingness to ensure people attended their appointments. People were also prompted to visit the GP if there were any concerns about their physical health. The service had also supported and encouraged people with reducing the amount of alcohol consumed. Specific medicines were reviewed regularly and monitored for side effects.

Is the service caring?

Our findings

We found the service was caring. We observed the actions of staff and listened to interactions between people and staff throughout the inspection. People and staff were on first name terms. We found staff were respectful, attentive and knew people well. We saw staff regularly sitting and chatting with people as individuals or in groups and listening to what people were saying. In fact, most of the time staff were involved with what was going on with people or were nearby.

When we spoke with people they were very positive about their relationships with staff. One person said, "The staff are good, I feel comfortable here." Another person said, "I can talk to staff, this is like my family." There was a friendly, calm atmosphere in the service and amongst people and staff. The building was a normal residential home with a homely feel. The people we spoke with told us they were happy.

We found people using the service were encouraged to maintain good sleep patterns. Going to sleep at regular times encourages sleep which in turn benefits people's physical and mental health. In this service, it was helping to prepare people for a more independent lifestyle. It also ensured people were prepared to face the day and deal with daily living.

People had their own room and ensuite facilities if they needed privacy or time to themselves. We saw staff respected people's privacy and dignity. Discussions about care and support were carried out away from the hearing of others. Staff only entered people's rooms after knocking and asking permission to enter.

At the September 2015 inspection, it was reported the provider needed to ensure people were involved in planning their care and that it was recorded. We found the provider had addressed this issue and made improvements. We spoke with the deputy manager and a senior member of staff who were responsible for the care plans. The deputy told us, "We do the care plans with them, we discuss it together and they sign it. You can see." We looked at care records and found people had signed care plans, risk assessments and achievements to indicate their involvement. We asked people if they were involved in their care and records and they agreed they were. One person told us, "I am involved by staff and kept informed of what's going on."

At the September 2015 inspection, it was found the provider needed to ensure people using the service were supported to develop independent living skills. The provider had addressed this issue and made improvements. People were developing their independent living skills. One person was cooking their own main meal once a week. Another person was being assessed to do the same. Other than the main meal of the day people fended for themselves. People were responsible for their personal care and the state of their rooms. Three people were self-medicating. One person had full time employment. People were asked to make purchases on behalf of the service when they were going to the shops. People were responsible for their personal finances and budgeting.

Is the service responsive?

Our findings

At the September 2015 inspection, it was reported that people's needs were not assessed comprehensively and recorded; and, care plans did not contain detailed information nor were they holistic and recovery orientated.

The provider had made improvements to care plans in response to that inspection. We found people were seen and assessed before they came to live at the home to ensure the service could meet their needs. Wherever possible visits were arranged for people to spend time at the service to ensure they would fit in with people already living there. People's needs were assessed in line with people's preferences, wherever possible, from information derived in meetings with people and provided by care coordinators and other bodies. Needs assessments were recorded. People completed a choices and preferences form when they came into the service.

People received care that was focussed on their needs. Care plans were developed from the needs assessments. They were person centred in that they addressed the individual needs of people using the service. The care plans referred to the people by their preferred name and reflected people's needs, choices and preferences. Care plans reflected people who were younger males and effectively one stage away from independent living and in the process of developing daily living skills. We were told the service used the APIE system for planning care based on assessment, planning, implementation and evaluation.

We saw how care plans responded to a change in needs. An incident occurred involving the family of one person raising concerns about a relapse, isolation and possible self-harm. The care plan and risk assessments were reviewed with the care coordinator and staff provided a lot of support and encouragement. Over a significant period of time the person concerned recovered and commented on the extent of that recovery in their care plan. We also saw how the service had encouraged and supported one person to reduce their alcohol intake through a simple system of listing purchases every time they visited the shops. This proved to be surprisingly effective.

Although improvements had been made to care plans there was scope for further development. Care plans did not always follow a logical progression and information was not always where logically expected. Staff knew the contents of care plans and were able to answer our questions. In response to the September 2015 inspection, the provider had enrolled onto one of the many online packages that provides support and guidance around all aspects of the regulatory process. This was with a view to making improvements in a number of areas including the layout and structure of care plans. The provider was also exploring training options for writing care plans.

At the September 2015 inspection, the provider was asked to ensure structured activities were arranged for people who require support and encouragement. Activities can reduce the risks of people becoming isolated, frustrated and unhappy. We found no evidence of people being isolated, frustrated and unhappy. One person using the service was engaged in full time employment. One person enjoyed music and was hoping to return to fitness activities. An incident had stopped this activity for some time. One person was

looking for employment or voluntary work. The provider had access to a day care centre but people chose not to go. The manager was hopeful one person could eventually be persuaded to attend and meet more people. One person was cooking every week, one person cooked occasionally and one person was being assessed to begin cooking. People were expected to do their laundry and keep rooms and communal areas clean and tidy. Two people accessed the local community through use of the local amenities as and when they chose. One person talked about further education in the future but didn't feel able to commit to it at the time of the inspection.

At the September 2015 inspection, it was found the provider needed a system for recording formal or informal complaints to provide information to people about how to make a complaint. At this inspection we found the provider had addressed his issue. We saw the provider had a system for recording and dealing with complaints. People were given information about how to make a complaint in a service user guide when they arrived at the service. A notice about how to complain was displayed in the communal hallway and there was a policy about how to deal with complaints. There had been no formal complaints since the September 2015 inspection. There were informal complaints forms. We saw there had been a complaint made verbally to a member of staff that the washing machine was not working properly. Staff had recorded it on an informal complaints form, recorded that an engineer had been called and the machine had been repaired. People generally raised any issues or concerns through conversations with staff. The systems in place recorded feedback generated by any complaints. The manager told us they were informed about any concerns or complaints and ensured they were addressed.

The provider also carried out a six monthly survey of people using the service. At one time people had a monthly meeting to feedback their thoughts on how the service was being run on a day to day basis and to discuss any issues or possible improvements. These meetings were minuted. The meetings had ceased at the request of people using the service. As it was such a small service people were with each other and staff, including the manager, on a daily basis and feedback was on a more informal basis. People told us they would just speak to staff about any issues. We discussed with the manager about using something like the informal complaint forms to record feedback in the absence of minuted meetings and to demonstrate what was being raised and how the service addressed them and learned from them.

Is the service well-led?

Our findings

At the September 2015 inspection, it was found the provider did not have a system in place to assess and monitor standards of care in order to identify and implement improvements in quality and safety. We found improvements had been made in this area with more audits, checks and reviews. We saw the provider had implemented a number of audits and checks in areas such as medicines, fire safety, care plans, health and safety audits of bedrooms and staff training.

Such audits were supported by more informal checks such as the manager's daily checks of the premises on a walk around and speaking with people and staff. The manager also completed monthly evaluations of people using the service to feedback to care coordinators. This feedback increased at times when people using the service were struggling with either their physical or mental health.

Staff told us the manager was approachable and they felt comfortable raising any issues or ideas they might have. One member of staff told us, "I enjoy working here. [The manager] is approachable and listens to what you have to say. We saw, throughout the visit, people and staff were at ease with the manager and spoke freely with him.

The manager worked on an almost daily basis with staff and was available for contact by telephone when not at the service. Staff told us they could call the manager at any time of the day or night. Due to the small size of the service full staff meetings were rarely held. The perpetual presence of the manager and close working relationship with people using the service and members of staff encouraged and empowered them to give regular feedback and provided a conduit for the manager to raise any issues or concerns with them.

The size of the service was advantageous in a number of ways. Any changes in people's needs or behaviours, temporary or permanent, or any accidents or incidents could instantly be relayed to staff or discussed with them. For example, when one person took ill and required medical examination and treatment they were accompanied by the manager who stayed with them throughout the process. The manager was able to relay information about what had happened at the hospital to staff and discuss what they needed to do.

Healthcare professionals confirmed the manager was always available to accompany and provide transport for people using the service to attend both planned and short notice appointments. The manager responded promptly to any changes in medicines to ensure people benefitted from those changes as soon as possible. If the manager took leave, the deputy took on this role.

We checked records that related to the provision of the regulated activities. We found they were legible, accurate, up to date and readily accessible. Where required records were stored securely and access was controlled to ensure they were only seen by people entitled to do so. In relation to people using the service, records were complete and recorded contemporaneously. Records were appropriate for the provision of regulated activities including the records relating to staff employed to carry them out.

We spoke with the manager about safeguarding in light of the September 2016 inspection report. We were

satisfied the manager understood their responsibilities. We also discussed the regulated activities associated with the service and whether they were appropriate for the service provided. The manager agreed to review whether any of the regulated activities could be discontinued in light of recent guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the safe management of medicines.