229 Mitcham Lane Limited

229 Mitcham Lane Limited - 11 Angles Road

Inspection report

11 Angles Road
Streatham
London
SW16 2UU

Tel: 02086777444

Date of inspection visit:
06 July 2018

Date of publication:
07 August 2018

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

We inspected 229 Mitcham Lane Limited - 11 Angles Road on 6 July 2018. This was an unannounced inspection.

At the last inspection, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection, we found the service remained Good.

229 Mitcham Lane Limited - 11 Angles Road 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.

229 Mitcham Lane Limited - 11 Angles Road provides personal care and accommodation for up to six people with mental health needs. There were five people using the service at the time of the inspection.

There was a registered manager at the service. 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.

People using the service told us they were happy and content living at Angles Road. They told us that staff were caring towards them and helped them whenever they needed. Staff had been working at the service for a long time, this helped to develop caring, long lasting relationships with people. We observed there to be a calm, friendly atmosphere at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People lived independent lives, eating out and going to local cafes and day centres.

Staff supported people with their medicines and helped them to make medical appointments if needed. The service worked with collaboratively with external stakeholders, including health and social care professionals to provide joined up care for people.

Care records included risk assessments and care plans. Risks to people included steps that staff could take to support them and to minimise the risk. Care plans included goals and objectives that people were working towards. Care records were reviewed every three months. People met their key worker every month which gave them an opportunity to give their views on the support they received.

People using the service told us they did not have any concerns or complaints but knew how to raise these if the need arose.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

229 Mitcham Lane Limited - 11 Angles Road

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 comprehensive inspection took place on 6 July 2018. The inspection was carried out by one inspector and was unannounced.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection we spoke with two people using the service, the registered manager and one care worker. We also contacted two healthcare professionals after the inspection. We reviewed a range of documents and records including; two care records for people who used the service, two staff records, as well as other records related to the management of the service such as complaints and audits.

Good

Is the service safe?

Our findings

People using the service were safe and protected from avoidable harm and abuse. People told us they felt safe, telling us "I like it here", "I feel safe" and "Staff are nice."

There had been no safeguarding concerns raised in relation to any of the people using the service since the last inspection. Staff were familiar with safeguarding procedures and knew who to contact in case they had any concerns. Training records showed that staff received safeguarding training.

Risks to people were managed in a way that people had as much choice and control as possible. Restrictions were minimised so that people felt safe but also had the freedom to live how they wanted.

Risk assessments were completed for people and they were reviewed every three months. Each area of risk included factors which would suggest the person was at significant risk and an action plan for staff to follow if the risk manifested itself.

When people behaved in a way that challenged others, staff managed the situation in a positive way and protected people's dignity and rights. There were guidelines for staff to follow if people behaved in a way that was challenging. Staff were familiar with the behaviours and how they manifested themselves. For example, one person was at risk of absconding, staff were clear about what steps to take if they did not return home after a certain period of time. Another person who previously had to be accompanied out by staff was now able to leave independently as this risk was being managed well. This was done with the agreement of the multidisciplinary team including the care coordinator and the consultant psychiatrist.

There had been no incidents since the last inspection. The registered manager explained the good, working relationships the service had with community professionals meant that they were in close contact with them and kept them informed of any changes in people's behaviour or if they continued to behave in a manner that challenged staff.

There were enough staff employed to meet people's needs. There was small staff team in place who covered the weeks rota between them. There were two staff members on during the day and one waking staff member at night. This included weekends. There was a small bank team of care workers who were available to cover for any staff absences due to annual leave or sickness. All the staff working at the service had been employed for a number of years, their files showed that appropriate recruitment checks had been completed before they had started their employment.

People using the service told us staff supported them to take their medicines. Comments included, "Staff hep me with my medicines" and "I get my meds on time." We reviewed Medication Administration Record (MAR) charts which showed that people received their medicines as prescribed. The registered manager told us he checked MAR charts daily for errors. Each person had a medicines profile which gave details about any allergies, the persons GP and the pharmacy that supplied their medicines. Easy read medicines information leaflets were in place. Medicines were counted when they were delivered and stock balance checks of

medicines were carried out by staff.

Hygiene guidelines were on display in the kitchen and there was a separate hand wash sink provided. Staff took steps to ensure food was stored correctly and safely and completed daily fridge and freezer temperature checks. The home was clean and free from malodours.

Good

Is the service effective?

Our findings

Care and support was planned and delivered in line with accepted good practice. One person who had recently moved in was introduced to the service and the other people living there gradually. The transition took place over a month and involved five separate visits, initially a day visit and then finally leading up to a two-week visit. This helped to ensure that the transition was smooth and the placement was appropriate for both the person and the service. The registered manager told us he was in close contact with the relevant stakeholders during this process and provided a them with a full report based on all the visits including the person's sleep patterns and how well they had socialised and settled to the service. We also saw comprehensive pre-admission assessments including a referral form from the persons referring placement, which included details of any relevant psychiatric and forensic history and other reports including an occupational therapy and nursing report.

There were systems in place for referring people to external services, which helped to maintain continuity of care and support. Staff work collaboratively with community services to meet people's needs. People under the care of a consultant psychiatrist or a Community Psychiatric Nurse (CPN) and had reviews with them when the need arose which the service helped to facilitate. A healthcare professional said, "Their care and support is good and they are professional in their approach."

Mandatory training was delivered by an external training company, this included health and safety, fire safety, first aid and safeguarding. Medicines training was delivered by the pharmacist. Staff also received training that was relevant to the needs of people using the service, this included de-escalation techniques. Staff were also supported to gain further qualifications, for example one staff member was doing a diploma in social care level 5 for their career progression.

There was no system in place to monitor when staff had completed their training, the registered manager said because the staff team was small they were able to manage this without the need for a formal system. However, we recommend that the provider implement a system as one staff member had last completed their medicines training in 2015.

Staff told us they felt well supported. a They received formal supervision with the registered manager every quarter. We saw records confirming that regular supervisions took place.

Meal times were set to suit people's individual needs. Cultural needs were taken into account when planning meals and drinks.

People told us that staff supported them with breakfast but they usually ate out during the day as they were often out in the community then. They told us when they were at home, staff helped them to prepare food of their choice. They said, "I had rice and chicken", "I go to the shop and buy and they cook for me" and "They cook my meals for me." None of the people using the service needed support with eating. Food shopping was done daily and there were snacks available for people to help themselves if they wished.
People told us they were supported in relation to their heath and staff supported them to attend any

appointments. One person said, "I get to see the GP when I want, he's down the road." There was evidence in the care records that the service made appropriate and timely referrals to other relevant professionals and services when the need arose. We saw records of health appointments including dental and hospital appointments. People had also been referred to local no smoking surgeries.
The home was being refurbished at the time of the inspection. New flooring had been installed and the home was being painted. There was a large lounge and a separate kitchen and dining room giving people ample space to socialise with family or staff. There was a large garden that was well maintained. One person said, "It's a beautiful garden."

Staff upheld people's rights to make sure they have maximum choice and control over their lives, and support them in the least restrictive way possible. Nobody was under any restrictions from leaving the service. Some were under a Community Treatment Order (CTO), a legal order made by a Mental Health Review Tribunal or a Magistrate. It sets out the terms under which a person must accept medicines, therapy, counselling, management, rehabilitation and other services while living in the community. Staff supported the person to ensure they were meeting the conditions of the CTO whilst ensuring they had maximum choice and control.

Staff knew what they needed to do to make sure decisions were taken in people's best interests and involved the right professionals. People using the service all had capacity to make decisions related to their care and this was reflected in their care records which they had signed and agreed to, including giving consent for staff to support them with medicines.

Good

Is the service caring?

Our findings

People using the service told us that staff were nice and treated them well. Comments included, "Things are going alright", "Staff are good" and "Staff are OK." We observed interactions between people using the service and staff to be friendly, they were comfortable in each other's company. It was clear to see that there was an open relationship between them. People told us that staff supported them to maintain relationships that were important to them. They said they got on well with the other people living at the home. One person said, "I get on with everyone here." Family relationships were also maintained, one person spent every Sunday with their relative. Family members were also able to visit the service to see their relatives when they wanted. All the staff members had been employed for over five years, this had meant they were familiar with the needs and preferences of people and enabled them to develop lasting relationships with them.

People were involved in decisions related to their care and support. People lived independent lives and were seen leaving and returning to the service throughout the inspection with no restrictions. People told us they led independent lives. People said that staff supported them and they were able to make choices about how they lived their daily lives, from choosing when to wake up, when to have breakfast and how they spent their day. A healthcare professional said, "When I speak to my service user he says he is happy and his needs are met."

People's privacy and dignity were respected. People had their own bedrooms and there was a shared bathroom or shower room on each floor. Some people needed prompting with regards to personal care and staff were aware of the importance of privacy and how they would support people in this regard. Staff encouraged people's independence and encouraged people as much as possible to be responsible for their own household tasks such as their laundry, meal preparation and personal care. One person said, "[Staff] support me to clean my room and my washing."

Good

Is the service responsive?

Our findings

People using the service told us their needs were met and they felt well supported by staff. Each person had a care and support plan which identified their support need, their goals and how staff could help them to achieve their goals.

Support plans were reviewed every three months which helped to ensure they were up to date and still relevant to people's current needs, each identified need included their goals or objective and actions and interventions from staff to help them reach their goals. Staff who acted as key workers were familiar with people's support needs and their goals and demonstrated how they supported people to meet them. For example, one person's need was substance abuse, the interventions were for staff to support to attend behavioural treatment for substance abuse. Staff were familiar with the support plans and the interventions. One care worker said, "[Person] is under a Community Treatment Order (CTO), if they go back to illicit drugs then they will be recalled. We help by monitoring behaviour patterns and we have report back to the care co-ordinator or consultant."

People and their care workers were involved in developing their care plans. Care plans were signed by people and their key worker. One staff said, "As the key worker I do a review every three months."

People and their key worker met monthly for 1:1 sessions. We reviewed these and saw positive feedback from people about the service. Topics of discussion included house rules, their regular daily activities and their future plans. One care worker said, "I meet with Thomas once a month, ask him how he is doing, his future plans." Day and night staff also completed progress reports about how people had spent their day. They told us this was a useful tool used to provide feedback to their family members or community professionals.

The service enabled people to carry out person-centred activities and encouraged them to maintain interests. People using the service lived independent lives and attended day centres or went out as they pleased. One person was seen going to the local library and another person went to a local café, staff told us they did this on a regular basis.

People using the service told us they did not have any concerns or complaints but knew how to do so if the need arose. People were given an opportunity to raise any concerns during their monthly key workers sessions or quarterly reviews. An annual survey also took place which provided them with a further opportunity to do so. There had been no formal complaints received since the last inspection.

Good

Is the service well-led?

Our findings

People using the service said they liked the staff team and the registered manager. It was clear in our observations that there was a friendly relationship between them and an open culture. There was one occasion where a person returned to the service from being out in the community and he came and gave the registered manager a friendly hug.

There was a good relationship between the staff team and the registered manager. The staff team and the registered manager had been employed at the service for a long time which helped this relationship to develop. Staff said the registered manager was open and honest with them. He was a regular presence at the service.

The registered manager was aware of his legal responsibilities as the responsible individual and the need to notify the Care Quality Commission of any reportable incidents.

Checks were completed which helped to maintain standards within the service. For example, the registered manager completed daily checks on the medicines records to see if they were being completed correctly. He also carried out checks on care records.

There was regular engagement with people using the service and staff through meetings which took place every month. Topics discussed during residents' meetings included medicines practice, personal hygiene and daily tasks, menus, smoking, reviews and key worker sessions.

An annual survey was completed where people were asked about their experience of care, including the meals and the activities provision, their experience of staff and their living experience. Feedback was positive.

The service was open with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision. The registered manager said they had good relationships with the community mental health team. This was reflected in the care records we saw. A healthcare professional said, "The home manager updates me with any changes in the service provision."

The service was subject to regular maintenance checks. For example, the fire equipment and the fire alarm system were tested recently. This included checks on the fire alarms, emergency lighting and call points. Weekly fire alarm tests were carried out.