Thobani Services Ltd

Mary's Home

Inspection report

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Date of inspection visit:
24 February 2016
25 February 2016

Date of publication:
17 March 2016

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

The inspection took place on 24 and 25 February 2016, the inspection was unannounced. This was the first inspection of the service. A change of provider took place in 2015.

Mary's Home provides residential accommodation and personal care for up to 29 people with mental health related issues.

There was 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.'

People's needs were assessed and support plans were developed to respond to these areas of support. Staff provided people with the care and support as planned. Staff were aware of the risks to people's safety, and supported them to maintain their safety. Staff supported people to manage and minimise the risks to their own safety and the safety of others.

People were helped to identify the goals they wished to achieve whilst using the service and staff supported them to progress towards these. People were supported to develop their skills to move towards more independent living. People were encouraged and supported to express their wishes and preferences, and people's choices were respected. People were supported to pursue their hobbies and follow their interests.

Staff were trained and competent, they had training and support to develop the necessary skills and knowledge so that they could effectively care for people. Staff felt supported and spoke positively of the registered manager's support and encouragement. People's preferences and choices were known and respected. People were supported to feel they belonged in their community.

Recruitment procedures were safe and only suitably vetted staff were employed. The service had enough suitable skilled staff available to care for people. Staff worked well with relevant healthcare professionals to obtain advice about how to support people with their mental and physical healthcare needs. Staff implemented practices that reflected the advice they received.

Staff were attentive and responsive to people, they treated them with compassion and respect. People's views were taken into account on how they wanted to be supported. People consented to the care and support they received. People had a choice of healthy food and were encouraged to follow a healthy lifestyle.

People were cared for in line with the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 'Best interest meetings' were held as required by the MCA in situations when people could not give consent, for example, for a medical procedure.

Health professionals were all complimentary of the registered manager's role in coordinating and managing the service, they had establishing and developed strong links with health and social care professionals which resulted in them establishing trust and confidence in the service. The service benefited from stable management and systems were in place to monitor and check the quality of the service provided, and actions were taken as necessary to improve the standard of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were competent in safeguarding people. They were aware of signs of possible abuse and followed procedures to protect people from avoidable harm.

There were sufficient numbers of suitably skilled staff deployed to meet people's needs. Risks were assessed and managed with the aim of keeping people safe but their freedom was supported and respected.

Staff checked medicine stocks daily and followed safe medicine administration processes. Staff were well informed on the medicines prescribed and aware of possible side effects.

Is the service effective?

Good

The service was effective. The service provided training and development to staff. As a result staff acquired the knowledge and skills and developed the necessary competencies. The staff team were supported by the registered manager to further develop their skills.

Staff understood their responsibilities of the Mental Capacity Act 2005 and in regards to the Deprivation of Liberty Safeguards. People had the capacity to make decisions about their care, and staff supported them in line with their wishes.

Staff supported people with access to healthcare services, and assisted them with attending appointments with professionals from the community mental health team.

Is the service caring?

Good

The service was caring. People found they were treated with care, kindness, and dignity, and were respected by staff.

Staff were attentive to people, recognising their requests for help and responding promptly to their wishes.

People were encouraged and supported to build and maintain friendships, relatives and visitors were welcomed at the home.

Is the service responsive?

Good

The service was responsive. Care and support was planned and delivered that it took account of the individual's needs. Staff ensured specialist advice was reflected in people's care plans and care delivery.

People had opportunities to take part in structured activities which they enjoyed.
People were asked for their feedback about the service and were confident in the complaints procedure. People were happy with the service they received, and any concerns were addressed by the management.

Is the service well-led?

Good

The service was well led. There was an established registered manager who complied with their Care Quality Commission registration requirements.
The registered manager was highly regarded and had developed effective working relationships with other professionals involved with people at the home. This benefited people by making sure their care was co-ordinated.

The service had processes in place to monitor and evaluate the service, and drive any necessary improvement.

Mary's Home

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 24 and 25 February 2016 and our first visit was unannounced. There were 26 people present when we visited, and we spoke with 12 of them.

The inspection team included one adult social care inspector and an "Expert by experience."
An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.' Their skills included expertise in managing challenging behaviour.

The methods that were used included talking to people using the service, interviewing three care staff and the registered manager, the chef and the maintenance person. We reviewed care records for three people, and staff records for three staff, and records associated with managing the service. We spoke with one health professional and two care coordinators visiting people at the home. We also contacted the manager of the community mental health team and a psychiatrist for further feedback about the service and to hear about the outcomes for people who use the service. After the inspection visit we spoke with three family members.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel blessed, with the security and the correct help, they are fabulous staff." Another person described their feeling of security, they said, "Here I feel safe, I trust staff as they make sure I get the help I need." A care coordinator told us of the stability people experienced in this home; they contributed this to the presence of a manager and regular staff team who took on board recommendations made by health professionals. A person's relative told us their family member was happy and safely cared for in the home. They said, "My relative was unable to care for themselves and prone to self-neglect when living alone, staff here keep a good eye on them to make sure they come to no harm."

People were protected from harm because staff assessed and identified risks, they endeavoured to make sure everything was done to prevent and reduce these risks. Staff had completed training in risk management and used this knowledge to develop support plans for individuals to prevent them coming to harm without limiting what they could do.

There was an established staff team who knew the people well. The service had a full complement of staff. We saw there was enough skilled staff on duty to ensure people were kept safe at the service and in the community, this included ensuring additional staff were available to accompany people who needed support when they were out. One person said, "I feel reassured knowing there is always someone to call upon if there is a problem." Staff records showed recruitment procedures were robust and ensured staff were fully vetted and suitable to care for people with mental health needs.

The registered manager worked together with the community mental health team (CMHT), they received guidance on how to manage identified risks to people. This joint working helped develop good risk management procedures. Support plans were developed to enable staff appropriately manage people's safety and to keep them safe. Staff knew how to report their concerns if they felt any of the people living at the service were at risk of harm. Several of the staff members had worked with people for a long time, and knew them well so could identify behavioural changes which may have indicated they were distressed or relapsing. Staff had shared this information in the care records and with mental health professionals. We saw examples of where they had had identified a person was relapsing, they escalated concerns promptly when they felt the person's mental health presented a risk to themselves and others.

There was a safeguarding policy in place and all staff had undertaken or were scheduled to attend updated training. Mental health professionals told us there were no safeguarding concerns about people who lived there. We saw records which demonstrated staff had cooperated with the local authority and appropriately managed a recent safeguarding incident regarding a person's visitor. A community mental health professional who regularly met people in the home for consultation told us, "I have no concerns about this home; this is a very good service where people's needs are met appropriately and robust procedures are in place to help protect them from harm."

Risks to physical health were considered, and we saw that as a person became less mobile they required more assistance with personal hygiene. For example, a record had information on how to support the

person with personal care, and the equipment staff needed to use. There was a hoist provided for this so that the person would have a bath safely and so that staff did not injure themselves. Staff regularly updated risk management plans and involved health professionals, they had sufficient information on how to support people to minimise the deterioration of their mental and physical health.

Staff supported people to take their medicines that helped maintain their physical and mental health. Records provided staff with appropriate information to give medicines safely, and staff followed the instructions. Medicines administered were recorded correctly on a medicine administration record (MAR). Staff had information to help understand why each person took the medicines prescribed for them, and information such as side effects was also recorded on separate record sheets. Medicines given 'as needed' included instructions from the GP about when they would be necessary so people were given the correct circumstances. People received their medicines as prescribe, and medicines such as injections were given by visiting health professionals. Care coordinators from the community came to the home to administer injections prescribed for people which helped stabilise their mental health. Mental health professionals told us there was a good record of consistency of care with people taking their prescribed medicines, and records showed people had been well. People told us they knew what time they were meant to take their medicines, and staff reminded them. One person was taking their own prescribed medicine; staff had systems in place to successfully support the person.

A number of people were at risk of financial exploitation. Robust arrangements were in place for staff to support them in look after their money in line with the person's wishes. Their money was stored securely. We saw that records were kept of all financial transactions and signed by staff and the person. Staff checked the money held stored at the service on handover between each shift, to ensure the money was kept securely.

We looked at the systems in place to respond to emergencies. There was an up to date fire risk assessment and personal emergency evacuation plans (PEEPS) were in place for the people who used the service. Staff undertook checks to ensure a safe environment was provided. This included environment checks, health and safety checks, security checks and checking the temperature of the fridge, freezer and water. An environmental health officer awarded the service four stars for their recent kitchen audit. The service employed a maintenance person who was very much part of the staff team in their daily work. We saw that the majority of maintenance requests had been completed in good time

Good

Is the service effective?

Our findings

People said they felt the service was right for them and they felt supported by knowledgeable, skilled staff who had the right competencies. One person told us, "Staff are very capable, the service is effective absolutely, and it keeps me well." Another person said, "I can come and go from the home as I wish, I understand that we must respect there are boundaries such as not smoking in the bedrooms, not demanding cigarettes from others." We saw some people come and go as they wanted, but a small number required staff support with attending activities in the community.

Suitably qualified and skilled staff provided the care and support people required. The staff team were supported to develop the knowledge and skills needed. There was a training and development programme, this covered all mandatory training which included, safeguarding adults, medicine management and mental capacity, first aid. Staff told of attending additional specific mental health training in topics such as schizophrenia. This training was provided by community mental health professionals, and helped equip staff with the knowledge to better understand specific conditions and their impact on people. Where new staff had come to work in the service , they had completed or were in the process of completing their induction programme. Visiting professionals told us staff used the information they received in training to deliver a more effective service. One care coordinator said, "We have seen how staff have used their skills well to engage with a person who experienced previous placement breakdowns, this person and others too have responded well."

Staff told us and records showed that they received supervision every two to three months in one to one sessions and at team meetings. At supervision meetings staff discussed with their line manager their training and development needs, any areas of concern, and key working sessions. The registered manager acknowledged the supervisions were not as frequent as she would have liked due to the demands of their role in the past twelve months. Staff told us their supervision allowed them time for discussion, to get support and advice if required, which improved the delivery of care for people. Staff were completing appraisals for 2015.-2016.

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. Records showed where people lacked mental capacity and were unable to make decisions, 'best interests' meetings were held. Staff had completed Mental Capacity Act training, and this training supported them to understand issues around capacity and recognise changes in people's capacity. We saw completed consent forms in care support plans and noted people's involvement in their care planning and support. Where people were unable to sign consent or provide consent themselves they were signed by appropriate representatives such as a relative with a lasting power of attorney. People told us staff asked for consent before providing care and support.

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. We checked whether the service was working within the principles of the MCA. The manager had a good understanding of the principles. We were told any issues of capacity were usually addressed by or in consultation with the care coordinator. A number of people were unable to go out independently and needed staff support due to their vulnerability. Staff and the community mental health team were in the process of making applications to the Supervisory Body (the local authority) to approve an application for DoLS local authority

Staff were careful to monitor the nutritional needs of people, those at risk of low body weights were identified and their food was fortified when necessary. People were provided with meals during the day and had access to snacks when they chose. One person told us, "It is the best home I have been in regarding meals, we have snacks in between meals during the day, and last thing at night there are sandwiches and hot drinks, just like home."
We spoke with the chef; they told us meals were planned regarding individual needs with contributions from people and staff. Two people required pureed foods so that they could swallow their swallow their food safely. One person told us, "We get what we need; we have meetings regularly with the chef and manager so we get what we need."

The meals provided met people's needs, for example a number of people had diabetes and meals provided considered this. Some people chose to take their lunch in their bedroom and staff took the meals to their rooms. At lunch we observed none of the care staff were present in the dining room to supervise meals. The chef and a kitchen assistant were present throughout the lunch serving meals. During lunch we noted that risks to a person's health were escalated when they (person with diabetes) ate excessive amounts of bread pudding they had sought from another person seated at the table, kitchen staff did not intervene. We brought this to the attention of the chef; they told us the person and others with diabetes usually had sugar free yogurt or a suitable dessert after lunch. We shared the concern too with the registered manager about the lack of are staff presence in the dining room for meals. She agreed to address this immediately. On day two of the inspection there were more staff present at mealtimes.

People's health care needs were monitored by staff and appropriate advice sought when needed. Staff knew the people they cared for well and were able to detect when a person was unwell. We saw examples of medical advice being sought and appropriate actions were taken, dependent on the health care need. People were registered with three local GP practices; they had regular contact with the GP and healthcare specialists as required. Their advice and recommendations were taken into account in support planning and care arrangements. A number of people had diabetes; we met the district nurse who came daily to administer their injection. Information about how to effectively manage the health issue (diabetes) was included in records. They told us they had no concerns about the welfare of those people with diabetes. The manager and staff worked closely with them and they found the communication and information sharing was good in the home. One person was attending a hospital appointment with a condition and there was information about how to prevent any further deterioration and the action to take in response. People's individual health care needs were addressed. One person attended weekly physiotherapy sessions, the dentist and the optician also visited and people were provided with necessary treatment. Care coordinators from the mental health team and the psychiatrist came to the home regularly to review people's mental health, and discuss their progress. Mental health professionals told of the notable progress made by individuals with placement issues at previous settings, also named people who successfully moved on to more independent living.

The premises were not purposely designed but adaptations were made that took into account people's individual needs. There was level access throughout the home and garden and a lift between the two floors. Toilets and bathrooms had equipment suitable for people with mobility needs. One person said, "'The

maintenance manager is fabulous, he has transformed the place always making sure the place has everything we need and keeping things in good order.

Good

Is the service caring?

Our findings

The message we received from people and their relatives was clear about staff being caring and patient, and treating people with compassion and kindness. One person told us, "They are lovely caring people, who are always willing to listen to my woes; they give me encouragement when I have a down day." Another person said, "Staff are fabulous, recently they showed me such kindness when I have been really out of order with my symptoms." A person's relative said, "I feel there is a strong ethos of caring in this home but thankfully professional boundaries are clearly maintained, we are welcomed to the home and offered refreshments."

Staff engaged with people and interacted with them in a caring and professional way. Staff told us they enjoyed supporting people and felt proud of the progress individuals made. One member of staff commented, "Some people have experienced chaotic lives and need our support and encouragement in many areas, if we give people good care this helps them overcome poor health." One person said, "The care is very good in this home; it is constant and better than I have ever had elsewhere."

The care records showed that people contributed to their assessment and support plan. One person told us, "It's not just about my mental health; staff ask about me as a person, this shows they really care." Staff demonstrated they had an understanding of the needs of people and were able to tell us how they supported them. One member of staff told us, "There are people here who do not like to get up early in the morning; we support them when they are ready." This demonstrated staff understood people's preferences, and respected people's wishes and decisions regarding their daily routines. A couple we spoke with told us staff had helped foster their relationship by providing them with a suitable room to share.

People were supported to be independent according to their abilities and needs. People looked well cared for with hair combed and clean clothes. They were encouraged to develop their skills such as managing their personal hygiene, managing their laundry, meal preparation and cleaning. People with the support of their key worker, identified their needs and goals in these areas, and how they wanted to achieve them. For example, a support worker told us of successful methods used in working together with a person that helped improve their person hygiene. Another person was pleased with their progress, they told us, "I couldn't look after my clothing before coming here, but now I use the laundry facilities with staff support." A coordinator from the community mental health team described the notable progress of a person placed in the home. They said, "people do well here, but one person really struggled with getting out of bed and was not interested in any form of grooming, but since they came to live in the home they were inspired by staff and are now a different person."

We observed staff engaging well with people, they showed respect to them and made time available to discuss any issues or concerns they had and acted on them. We observed that staff respected people's privacy by first knocking on their bedroom door before entering. People told us they had a key to their bedroom which could be locked if they wished.

Care records were stored securely; staff had access to these when necessary. These were reviewed regularly with the person; staff encouraged family and friends to visit when they chose during the day.

Good

Is the service responsive?

Our findings

The home had undergone a change of ownership in 2015 and some people said they had felt apprehensive but now felt reassured after meetings with the new provider. One person said, "I just thank God it's not closing down, I feel I have chosen the best thing for my disability." People told us they received care and support which was responsive to their individual needs. One person told us, "Staff assist me with bathing as I am less able now, and we have equipment." Staff encouraged and inspired people to be as independent as possible. There were good examples seen of people being supported to take a keen interest in their surroundings and make their rooms comfortable and personalised. Staff supported them select and purchase furniture and furnishings that was to their liking and reflective of their own styles.

Assessments were undertaken prior to admission to the home; this was done to ensure that the home was able to meet the person's needs. Staff when completing assessments for people involved community healthcare professionals such as the mental health team who were familiar with the person. Suitable support plans were developed from the assessments and included guidelines for staff to follow. A health professional said, "We have found staff to be consistent in the way they provide care." People told us they were able to discuss the ways in which they chose to be cared for. Each person had an assigned keyworker (dedicated worker). Within the keyworker session people discussed what their short and long term goals were and the information was recorded, for example, strengthening their practical skills, working towards independent housing. A number of people were managing practical tasks with some support from staff.

People told us staff delivered support and care in a sensitive manner. A number of people needed much prompting and encouraging with personal hygiene, and some needed assistance and gentle persuasion. One person told us, "Staff worked wonders with my relative in getting them on board changing clothes and considering others, their personal hygiene has improved 100%."

People received appropriate care that helped meet their health needs. Staff worked with professionals and involved the health professionals such as the GP and district nurse. We saw from records examples of staff being vigilant and monitoring the wellbeing of people, and of taking prompt and appropriate action when they were displaying concerning symptoms. A range of professionals came to the home for individual appointments. A person we spoke with said they found staff were excellent and so responsive, they said, "My relative had a slight stroke, staff recognised immediately they were not well and supported them to the hospital emergency department, the speedy response by staff helped my relative make a good recovery." One senior mental health professional said, "This home responds particularly well to people we find difficult to place, staff have the skills and work well with them."

People told us it was a lively place to live, there were plenty of events taking place every day, and people had the choice to participate. When we were present we noted that people were engaged in activities of some sort. Some listened to age appropriate music and others joined in a sing along. Other people went out in the community. Some people were with peers in conservatory area and talked about events in the news. We observed some people enjoyed crafts and were knitting and sewing, others played dominoes and cards. There was a relaxed feel and some people came to the office to talk with staff. In the main lounge there was

a full programme of activities displayed. These supported people to develop their interests and skills. Staff engaged people in activities in the service to promote their well-being. Staff were reassuring and repeated discussions to people in a calm manner to get them involved, and patiently explained what they were doing.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. They were confident the registered manager would take their concerns seriously. Resident's meetings took place monthly. People and relatives told us that any issues raised with the manager were dealt with straight away and did not get to the complaint stage.

Good

Is the service well-led?

Our findings

The home was managed by a registered manager who was experienced and committed in their role. The registered manager was familiar with the people who lived in the home and had developed effective working relationships with the range of professionals who were involved with them. The service had been through changes but the registered manager provided consistency to people and staff. A mental health professional told us, "The manager runs a good service; we have confidence in the service and the manager. It is very reliable and people do well, they work closely with our mental health team, they always provide the service they say they will." Another health professional told us they were at the home most days, they found communication with the manager and staff to be good, and services were well coordinated which benefited people.

The communication within the staff team was good, staff said they felt well informed through staff meetings and handover meetings between shifts. Staff told us they felt the staff team was supportive to one other, tone support worker said "We are inspired to work well together as a team."

Staff were unanimous in their compliments about the manager, and her stabilising and supportive role while a change of provider took place. One support worker said, "The manager has been great, she gives us clear direction and is supportive of the staff team." Staff were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. We found the registered manager was committed to meeting the needs of the people who lived in the home and was striving to work effectively with health and social care professional to deliver good care. For example when one person was becoming withdrawn she shared this and contacted directly the health professional, it was followed up with an urgent appointment and a review of the person's medicines.

The registered manager and staff undertook regular checks to ensure the quality of the service was monitored and procedures were adhered to. The maintenance person undertook health and safety checks daily. Senior staff checked logs and records every week to make sure they had an overview of events in the home and people's progress. This ensured that issues could be addressed quickly when necessary.

People were asked for their feedback through meetings, at reviews and key worker sessions and surveys. Staff took notice of people's comments and made changes to the service accordingly. The service was managed by an interim management company for some time before the new provider became involved. During this period audits and quality assurance processes were in place to ensure it was maintained to the standard expected. Some areas had been refurbished, and any outstanding work relating to the environment under the previous ownership was completed. The new provider had met with people using the service, they had begun to develop their own audits and quality assurance processes. The survey reports we saw had recorded positive comments about the service.