

229 Mitcham Lane Limited

229 Mitcham Lane Limited - 11 Angles Road

Inspection report

11 Angles Road
Streatham
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

229 Mitcham Lane Limited - 11 Angles Road provides residential accommodation for up to six males with mental health needs. At the time of our inspection there were five people using the service.

People's experience of using this service and what we found

People using the service told us they felt safe living at 229 Mitcham Lane Limited - 11 Angles Road. There were enough staff employed to meet people's needs and staff recruitment procedures were safe. Staff supported people to take their prescribed medicines. Risks to people were assessed and there were risk management plans which staff followed that helped to keep people safe from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training that was relevant to the support needs of people using the service. People's dietary and healthcare support needs were met by staff. People lived in an environment that was safe and appropriate for their needs.

The service was caring. People's religious and cultural needs were met, and they were supported to have a say and be involved in making decisions about their care. They lived independent lives and staff encouraged them to maintain their independence.

Care plans for people reflected their individual needs and people took part in activities according to their preferences.

The service was led by an experienced registered manager who encouraged an open and transparent culture. The provider worked with healthcare professionals to ensure people received a good level of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 7 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 229 Mitcham Lane Limited - 11 Angles Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

229 Mitcham Lane Limited - 11 Angles Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was conducted by one inspector.

Service and service type

229 Mitcham Lane Limited - 11 Angles Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

There was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people using the service, one support worker, and the registered manager. We received feedback from one healthcare professional. We reviewed a range of records. This included two people's care records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records, policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider operated safe and robust recruitment processes.
- Although no new staff had been recruited recently, staff files contained the necessary pre-employment checks that were required. This included references, Disclosure and Barring Service (DBS) and identity checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to meet people's needs. There were two staff on duty during the day and one waking staff at night. People using the service were independent out in the community and did not need staff to support them outside.

Assessing risk, safety monitoring and management

- The provider assessed risks and there were plans in place to manage or reduce the risk. This meant people were kept as safe as possible.
- Staff were aware of the guidelines in place to manage risks for individual people in areas such as self-neglect, risk of absconding and financial exploitation.
- The provider worked with professionals such as mental health teams, Consultant Psychiatrists and Community Psychiatric Nurse (CPN), following any guidelines with respect to managing risks around people's mental health. One professional told us, "Staff at Angles Road appear to do their best to meet the needs of my patient, who presents with many challenges."
- Regular checks were made to ensure that the premises were monitored and safe for people to live in.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse. People using the service told us they felt safe, comments included, "Yes, I feel safe" and "This is my home."
- Staff were aware of what safeguarding was and how they would protect people from the risk of harm. Training records showed they had attended safeguarding training recently which was a mandatory topic for all staff to complete.
- The registered manager confirmed there were no current safeguarding concerns and that there had not been any recently.

Using medicines safely

- People received their medicines as prescribed. People told us that they were given their medicines on time.
- Medicines administration records (MAR) charts were completed by staff and these showed that medicines

were given as prescribed.

- Care records included medicines profiles with details about people's medicines and information sheets for staff to refer to about the medicines and their uses.
- Training records showed that staff had received medicines training and the registered manager observed the administering of medicines which helped to ensure medicines practice was safe.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were recorded and followed up.
- Any incidents were shared with the wider staff team and reported to any healthcare professionals so any lessons could be shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services if needed.
- Records showed that people were supported with GP and other appointments.
- Contact details for important professional contacts were within people's care records so that staff were able to access them should people's needs change.
- Records showed that the provider liaised with healthcare professionals to support people.

Staff support: induction, training, skills and experience

- People received care from staff who had received the appropriate training needed to support people effectively.
- The provider maintained a training matrix which showed that staff received regular training to ensure they had the skills to carry out their roles effectively.
- Staff told us the registered manager was approachable and always available to provide advice. They told us they received regular training.
- Staff supervision took place and topics of discussion included, workplace contentment, performance and standard of work, training and development, staff, service users and key worker sessions.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe and clean environment which met the needs of people living there.
- People's rooms were personalised to reflect their personal interests and preferences. Each room had its own sink and there were communal spaces for people to spend time in if they wished, including a large kitchen and lounge.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- No one had been admitted to the service recently. People's care plans included details about their pre-admission assessments.
- Records showed that the provider liaised with the placing local authority to ensure they could meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink meals of their choosing.
- Staff told us that people were independent in making their breakfast and preparing simple snacks and meals. Staff told us, "They are able to prepare meals with our support." The kitchen was well stocked with food for people to prepare a snack if they needed.
- Staff prepared lunch and dinner for people. Menus were planned in advance in consultation with people, however staff told us that people often changed their minds and they were flexible with the meals they prepared for them.
- Infection prevention control guidelines were on display in the kitchen.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People using the service were able to make decisions for themselves with staff support.
- The registered manager confirmed that no one was subject to a DoLS authorisations or restrictions.
- People were able to come and go as they pleased and we saw this taking place during the inspection.
- Care records included people's consent to their care such as agreeing for staff to support them to take their medicines.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at 229 Mitcham Lane Limited - 11 Angles Road. They told us that staff were friendly and caring.
- Staff were familiar with people's needs and preferences and spoke about them in a way that showed they knew them well, including their preferences and also their mental health needs.
- Records showed that people's ethnic, cultural and religious needs were considered. Some of the people practised the Rastafarian belief system and staff were sensitive and respected this.
- The provider respected people's cultural preferences and ensured these were met, for example, people using the service were Afro-Caribbean and staff prepared meals that were culturally appropriate for them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views about the care they received.
- Regular key worker and residents meetings took place which demonstrated this.
- People maintained relationships that were important to them and staff supported them to maintain contact with family and friends.
- People were able and supported to make everyday decisions for themselves such as when and where they went out, what they wanted to eat and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- People needed encouragement with regards to their personal care to ensure they were not at harm of self-neglect and staff told us ways in which they supported people to maintain their personal hygiene whilst respecting their right to privacy.
- People led independent lives and staff encouraged to take part in daily living activities such as meal preparation, laundry and maintaining their personal living spaces.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The provider supported people to meet their individual needs.
- The provider had recently transitioned to an electronic care planning system and was in the process of transferring the previous, paper-based care records into the new system.
- People's care records included their preferences and support plans were based around things that were relevant to people. These included drug/alcohol abuse, employment occupation/education, finance, mental health, physical health.
- Staff were aware of people's support needs, how to achieve them and told us that key worker meetings were held regularly with people so these could be discussed.
- None of the people using the service were on end of life care.
- We recommend the provider looks at its processes around end of life care needs so these can be captured effectively if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in activities of their choosing and staff supported them to access these if needed.
- Care plans about activities of daily living, programs and activities and social skills were in place to document any support needs.
- We observed people living independent lives and staff told us they usually spent their days out in the community.
- Staff told us that many of the structured activities had not recommenced after COVID-19 and people did not engage or attend any regular day centres. The registered manager told us of other activities they were seeking to provide for people. We will review this at our next inspection.

Improving care quality in response to complaints or concerns

- The provider was open to receiving and acting on complaints.
- The registered manager confirmed there were no open complaints that were being investigated at the time of the inspection.
- People were able to raise their concerns or complaints through residents, key worker meetings and through their care co-ordinator if needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was an experienced mental health nurse and had been managing the service for a number of years. He was familiar with the support needs of people and demonstrated a good understanding of the mental health adult social care sector.
- The provider was aware of its regulatory responsibilities and submitted statutory notifications such as incidents that were notified to the police in line with their legal requirements.
- Staff were clear about the tasks they needed to complete during each shift and shift handovers were completed where information was shared between them.
- Regular managers meetings were held for ideas to be shared and advice given if required.
- Audits on records such as medicines and staff training records took place which helped to ensure the service was well managed.
- The provider completed health and safety checks such as fire drills, fire alarm and emergency lighting.
- The provider was open to new ideas and improved ways of working, such as the introduction of an electronic care planning system to reduce paperwork and make the process of reviewing and sharing this information more efficient.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff were positive about the registered manager and the environment within the service.
- Staff told us the manager was approachable and very hands on and they felt comfortable speaking with him.
- The provider was aware of the requirements under Duty of Candour.
- A health professional told us, "[The registered manager] sends me regular updates, by email. He also attends all of my visits to the placement and gives me verbal feedback during these meetings."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Records showed that people and their relatives were asked for their views on the service and how it was run.
- People were consulted on day to day activities such as menus, activities and aspects. They attended

regular key worker and residents meetings for this purpose.

- 1:1 and staff meetings were held regularly, giving staff a chance to raise any work related practice issues.

Working in partnership with others

- The provider worked alongside other agencies to meet the needs of people. This was confirmed in the feedback we received from professionals and also the records we saw.
- The registered manager told us they had a good relationship with professionals within the community mental health team such as psychiatrists and care co-ordinators. One professional said, "I am aware that the patient's care coordinator is in regular phone contact with staff at the accommodation."