

Surrey Mental Health Limited

North Downs Villa

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

North Downs Villa is a residential care home providing personal care for up to 10 people with mental health needs, some of whom were living with dementia, in one adapted building. At the time of our inspection 5 people were using the service.

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

People were not adequately protected from the risk of abuse. The provider converted part of the care home grounds into a residence for an individual who was neither a resident at the service nor a member of staff. The provider failed to assess the risks to people, visitors and staff in relation to this person. The provider had not followed local authority planning procedures when converting a building in the garden for residential use within the grounds of the care home.

The provider failed to notify the CQC when safeguarding incidents occurred. These included incidents where the local authority safeguarding team substantiated abuse allegations. By failing to notify CQC, in line with the conditions of their registration, the provider prevented us from fulfilling our regulatory function to keep people safe.

Staff did not receive all the training they required to keep people safe. Staff did not receive training in the management of behavioural support needs. This meant the people could not be supported safely and in line with best published practice during challenging situations.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible. The service had a restrictive environment. Doors to the kitchen and laundry rooms were locked and people could not access them without staff being present.

The service was not dementia friendly. The colour scheme and signage did not support the needs of people living with dementia. The provider failed to create a homely setting for people. The lounge did not contain sofas or comfortable armchairs. Instead, there were uncomfortable high back chairs with worn fabric. One had a broken seat. These were arranged side by side around the walls of the lounge and did not make the room welcoming. Walls were marked and needed repainting and the carpet on the stairs had a hole in it. This created a trip hazard.

Quality assurance processes at the service were inadequate. The provider failed to identify and act upon shortfalls. The provider took immediate action in relation to some of the issues we identified at the inspection.

The provider followed appropriate recruitment processes to ensure staff were suitable to provide support to people. People had timely access to health and social care professionals and services when required. We have made recommendations related to the management of medicines.

Rating at last inspection.

The last rating for this service was requires improvement (published 28 October 2020).

Why we inspected

We received concerns in relation to safeguarding risks and management at the service. As a result, we undertook an urgent comprehensive inspection.

The overall rating for the service has changed from requires improvement to Inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link North Downs Villa on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to people's protection from abuse, safe care and treatment and the person-centred care people received. We also found breaches related to people's dignity and respect, staffing, the submission of notifications and the provider's leadership of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We have requested further action plans from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for North Downs Villa on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate 

The service was not well-led.

Details are in our well-led findings below.

North Downs Villa

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 undertaken by 1 inspector and 1 operations manager.

Service and service type

North Downs Villa 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. North Downs Villa is a care home without nursing care. 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. At the time of our inspection 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 the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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

During the inspection we spoke with 4 people, 3 staff, the registered manager and 2 healthcare professionals. We reviewed 4 people's care records and 4 staff files which included their recruitment information, training details and supervision records. We checked medicines administration records, the service's quality assurance processes and a number of policies. We also inspected the property and grounds.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider failed to adequately protect people from the risk of abuse. Without local authority planning permission the provider converted a building in the garden of the property into a residence. The individual living in this residence was neither a resident nor a member of staff. Whilst the residence was fenced off from the garden of the care home, the provider did not have any risk assessments in place to protect potentially vulnerable people living in the service from abuse.
- We have shared our concerns with the local authority's safeguarding team, planning control team and relevant agencies.

The failure to operate systems and processes to prevent the abuse of people is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider failed in its legal duty to notify the CQC of significant events in which people had experienced harm. The provider did not inform CQC when local authority social workers investigated and substantiated abuse allegations. Had we been aware that people had experienced neglect, financial and psychological abuse, we may have inspected the service sooner. By failing to submit timely notifications the provider prevented the CQC from carrying out our regulatory function to make sure people received safe care.

The failure to submit notifications is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Assessing risk, safety monitoring and management

- Staff did not have the training they required to always keep people safe. The provider did not ensure that staff received training to manage people's behavioural support needs. This meant where incidents occurred, staff had neither the skills or knowledge to resolve them using techniques which kept people and themselves safe.
- People were not always protected against the risk of falling from height. We identified a first-floor bedroom window which did not have a window restrictor. This meant people were at risk of harm if they fell. The provider responded to this concern and had a window restrictor installed.
- People were at risk of falling downstairs. We found a hole in the carpet at the top of the first flight of stairs. This presented a trip hazard to people who used the stairs to go to and from their bedrooms. The provider responded to this concern by patching the hole and intended to replace the carpet.

The failure to assess and mitigate risks to people and to ensure staff had the skills to support people safely is breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. Safe

Care and Treatment.

- People were protected from the risks associated with accessing harmful chemicals. Staff ensured that cleaning products were locked, and the key retained by staff.
- People had risk assessments in place in relation to their mental health needs. These provided guidance to staff on the actions they should take if people became unwell.

Staffing and recruitment

- There were enough staff available at all times to support people's assessed needs.
- Staff were recruited through a process involving application, interview and background checks. These checks included taking up references and confirming the identity of staff.
- As part of confirming the suitability of staff the provider carried out Disclosure and Barring Service (DBS) 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.

Using medicines safely

- People received their medicines as prescribed.
- We checked people's medicines administration records (MAR). These contained no gaps in recording, but some aspects of the recording and management of medicines did not follow best practice
- Where people had, in the past, received homely medicines, they had a form on file. However, these forms did not state when the homely medicines were discontinued or where they were to be stored.
- The provider's medicines policy was dated 2017. Whilst it was date stamped as reviewed each year there was no evidence of any changes to the policy.
- The registered manager and administrator undertook twice weekly checks of medicines including MAR and stored medicines.
- We undertook a physical check of people's medicines and found medicines were stored safely and appropriately labelled. However, people's medicine's files did not contain their photographs or details regarding whether or not they had any allergies.

We recommend the provider seeks advice from pharmacy services regarding best practice around medicines administration records, medicines policy and homely medicines.

Preventing and controlling infection

- People were protected from the risk and spread of infection because staff followed the appropriate infection prevention and control practices.
- Staff received training in food safety to protect people from risks related to food storage and preparation.
- The service had plans in place to support people safely in the event of an infection outbreak.

Learning lessons when things go wrong

- The provider did not always learn lessons when things went wrong. Where incidents occurred, the provider did not always make improvements necessary to ensure they did not reoccur. For example, following a behavioural support incident, changes to the provider's procedures and staff training to manage such incidents did not take place. You can read more about the provider's governance failings in the well-led section of this report.

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 has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The décor of the service was tired and worn. We found chipped, scratched and stained walls in the lounge and dining area. We saw broken tiles on the wall in the communal wet room.
- The lounge area of the service was not comfortable or welcoming. Rather than comfortable family style sofas and armchairs, the service had old, high back institutional style chairs. The fabric of these was old and worn and the seat of one chair had collapsed. The poor condition of the environment risked negatively impacting people's mental health.
- The colour scheme throughout the service did not support people's dementia. The magnolia colour scheme and dark patterned carpet throughout the service was not in line with best published practice regarding support for people living with dementia and the increased visual needs of people as they age.
- The garden of the service was not maintained appropriately. We found debris and waste to the side of the care home. This included a discarded mattress.

The failure to ensure the premises remained suitable and properly maintained is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

- There was a restrictive environment at the service. People could not access the kitchen or laundry room because both rooms were locked. This meant people were unable to prepare meals, drinks or snacks or to wash or retrieve laundered clothing as and when they chose.
- We saw a notice on the patio door at the rear of the property which stated the door would be locked after 10pm. People and staff confirmed this arrangement. This meant people could not smoke at night at the only location designated for them to do so.

The provider's failure to support people's autonomy and was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

Staff support: induction, training, skills and experience

- People were supported by staff who were not appropriately supervised. The provider's policy required staff receive supervision every 2 months. However, we found that three staff did not receive training at that frequency. For example, one member of staff received supervision once a year. Another member of staff had not received supervision in 2023.

The failure to provide staff with appropriate supervision is breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

- New staff received an induction. This involved training, shadowing colleagues, familiarisation with the provider's procedures and getting to know people, their needs, and preferences.
- Staff received training in areas such as health and safety, mental health, food safety and first aid .

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

- People's needs were assessed, and they participated in the assessments which detailed how their needs should be met.
- Health and social care professionals undertook assessments of specific needs and these were reflected in people's care records.
- Care records reflected people's preferences for how their care and should be provided.

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

- Whilst people ate enough and drank enough the service's arrangements were not person centred. The kitchen was locked when not used by staff and staff prepared all meals. The set menu meant people had limited choice. For example, the main meal each day was at lunchtime and people were offered sandwiches in the evening.

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

- People had timely access to healthcare professionals. For example, staff supported people to attend GP appointments and recorded the outcome of these visits.
- Specialist mental health professionals met with people regularly. This meant people's changing mental health needs were monitored and supported.

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 were appropriately supported with mental capacity assessments. Where people were unwell at the time and did not sign their assessments, this was noted and explained. When people felt well enough to agree this was noted, dated and the name of the visiting healthcare professional stated.
- Where it was necessary for people to be deprived of their liberty to keep them safe, the details of the restrictions in place and how long they were valid for were detailed in care records and reviewed regularly by the provider. The provider contacted the appropriate health and social care teams as DoLS restriction deadlines approached. This ensured people's capacity was reassessed and any restrictions continued to be appropriate.

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.

Respecting and promoting people's privacy, dignity and independence; supporting people to express their views and be involved in making decisions about their care

- Care records noted people's aspirations. For example, a person's care record explained how they wanted to live in their own flat in the future. However, the care and support the service provided did not equip them with the skills required to live on their own.
- The provider did not promote a culture of independence for people by supporting them to regain or develop everyday living skills. There was a lack of emphasis on activities of daily living such as meal preparation, laundry and cleaning.
- Staff respected people's privacy. We observed staff knocking on people's bedrooms and awaiting their permission before entering.
- The support people required to meet their personal care needs was specified in care records. For example, the support needed to dress, and undress was recorded. Additionally, where people required prompting to wear whether appropriate clothing, this was noted in care records too.
- Where people required support to manage continence this was stated sensitively and with respect for people.
- People participated in their assessments, care plans and reviews with staff and healthcare professionals. People's preferences and the outcome of these meetings were reflected in care records.
- Care records noted people's interests. For example, a person's care records stated how they, "Love music and love dancing."

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

- People's cultural and religious needs were stated in care records. Where people chose, they were supported around their spiritual needs. For example, a person told us they attended a place of worship.
- Care records noted people's preferences for male or female staff to support their personal care needs in line with their care plans.
- A section within people's care records entitled, 'How best to support me' noted people's preferences around their personal care. For example, care records explained people's preferences for using a manual or electric toothbrush, a sponge or flannel, soap or shower gel. This meant staff had guidance when prompting people around personal hygiene.

Is the service responsive?

Our findings

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; support to follow interests and to take part in activities that are socially and culturally relevant to them ; 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's independence was not promoted. The service did not provide people with a comprehensive, person-centred programme of skills teaching to enable them to progress towards the greater independence they wanted. Whilst people were, on occasion, supported by visiting healthcare professionals, to practice cooking, the day-to-day practice was for staff to complete daily living tasks for people, instead of with people. These activities included cooking, cleaning and laundry. Without a structured skills teaching programme, it would be difficult for people to regain the skills they needed to transition to the independent living settings they wanted to move to.

The failure to meet people's needs and reflect their preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

- People were supported to engage in some activities within the community. For example, people were supported to shop, go to the gym and attend places of worship.
- Care records provided staff with guidance about the signs that people's mental health needs may be increasing. Staff acted on this information. For example, staff followed guidance in care records on how to support people when they became unwell, and made referrals, when required, to mental health specialists. This meant the service was responsive to people's changing mental health needs.
- Where required, people were supported with reassessments. These involved health and social care professionals, people, their advocates, and staff. Where people's needs had changed this was reflected in their care plans which were followed by staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and the provider made information available to people in a format they could understand.

Supporting people to develop and maintain relationships to avoid social isolation

- People had social isolation risk assessments within their care records. These identified the support required, and the actions to be taken to ensure people did not feel isolated and lonely.
- Staff supported people to maintain contact with people who were important to them. For example, where people chose, staff supported them to maintain contact with relatives .

Improving care quality in response to complaints or concerns

- People had access to the provider's complaints policy.
- Where complaints were received, they were investigated and responded to by the registered manager.

End of life care and support

- None of the people living at the service at the time of our inspection were identified as requiring end of life care. However, should that situation change the provider understood the necessity to make referrals to end of life healthcare specialists and to support people to develop end of life care plans.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider's systems and processes failed to mitigate the risks to people's safety and well-being. We identified that a section of the care home's garden had been converted into a residence for an individual who was neither a resident nor member of staff. The provider failed to assess and manage the risks to people, relatives and staff from this individual.
- The provider failed to ensure staff were appropriately trained to keep people and themselves safe when managing behavioural support needs. This meant staff did not have the skills to follow best practice when people were distressed.
- The provider's quality assurance processes were inadequate. Whilst the provider operated a number of audits, these failed to identify and address the concerns we found. For example, audits of the environment did not identify that the décor and furnishings within the care home were tired and worn and not dementia friendly.
- During the morning of our inspection it was necessary for the registered manager to leave the service. However, in their absence senior staff were unable to access all of the records we requested. This included information related to staff training and people's individual emergency evacuation plans which guided staff around the support people required to safely evacuate the building in the event of an emergency. This meant processes were not in place to ensure the effective running of the service in the absence of the registered manager.
- The service did not have a culture of learning and improvement. Whilst some staff received training around dementia awareness this did not translate into changes to the environment to support people living with dementia. Similarly, whilst there had been behavioural support incidents at the service, staff had not received the training required to manage them.
- The provider had not been open when things had gone wrong. Where concerns had been raised about people's safety, the registered manager had not submitted notifications to CQC.
- The absence of a person-centred culture which emphasised and promoted people's independence meant the service did not prioritise positive outcomes for people.
- The culture of the service was paternalistic. The service was restrictive rather than open. For example, staff undertook all household and daily living tasks and the kitchen and laundry areas were inaccessible to people without staff. This meant people were not supported to develop competence and confidence around independent living skills.

The provider's failure to assess, monitor and improve the quality of the service and to mitigate the risks to people's safety and welfare. This was breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to share their views in residents' meetings. These meetings were used to discuss issues related to the service. Records were maintained of these meetings for later review.
- The registered manager arranged regular team meetings for staff to attend. These meetings were used to discuss people's changing needs and developments at the service.
- Consideration was given to people's equality characteristic during assessment, care planning and review. This included people's preferences for support around faith, family, music and food.

Working in partnership with others

- The provider worked with a number of external agencies to support people's needs. These included community based mental health resources.
- The provider attended local authority forums where guidance and good practice examples were shared.