

Surrey Mental Health Limited

North Downs Villa

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

North Downs Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. North Downs Villa accommodates up to ten people with mental ill-health and/or learning disabilities in one adapted building. At the time of inspection nine people were using the service. North Downs Villa does not provide nursing care.

At our last inspection on 5 January 2016 we rated the service 'good' overall and for each key question. At this inspection we found the quality of the service had deteriorated and the service was now rated 'requires improvement' overall and in four key questions.

A registered manager was 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.

There were insufficient staff employed to meet people's needs. The management team told us they had struggled to recruit staff and there were currently a number of vacancies in the staff team. This meant that staff were being required to work very long hours and not have adequate breaks between shifts. The pressures on staff's time also meant new staff were not being adequately supported and given the time to complete the provider's mandatory training in a timely manner impacting on their knowledge of key processes. Staff were also not receiving regular supervision.

The premises were not adequately maintained in order to provide a safe and pleasant environment for people to use. Two of the bathrooms needed refurbishment. Water damage had affected the flooring in one bathroom which was posing a trip hazard and impacted on the ability to maintain a clean environment. The window restrictors in place could be overridden meaning people were not adequately protected from the risk of falling from height.

There were insufficient systems in place to monitor and improve the quality of service delivery. The management team did not have systems in place to review the cleanliness of the service and ensure infection control procedures were adhered to. There was no formal tool in place to review the health and safety of the environment. Systems were not in place to review arrangements regarding management of people's finances. Complete and contemporaneous care records were not always maintained in a timely manner and care records were not always updated to reflect changes in people's needs and incorporate advice from specialist healthcare professionals.

Staff did not consistently adhere to the Mental Capacity Act 2005 and had not consistently applied for legal authorisation to deprive a person of their liberty. Whilst the registered manager had followed process to ensure staff were legally authorised to deprive two people of their liberty, we saw for a further two people

using the service the registered manager had not followed process in regards to the deprivation of liberty safeguards (DoLS).

Staff adhered to safeguarding adults' procedures. Staff liaised with people's mental health care team to identify and manage risks to people's safety. Incidents were reviewed and learnt from to improve the quality of risk management. People received their medicines as prescribed. Staff supported people with their nutritional needs and liaised with healthcare specialists in order to support people to have their physical and mental health needs met.

Staff had built friendly and caring relationships with people. Staff were aware of people's communication needs and communicated with people in a way they understood. Staff respected people's privacy and their individual differences. People were supported to maintain relationships with friends and family, and visitors were welcomed at the service. Staff provided any support required in regards to cultural and religious preferences.

Staff were knowledgeable about people's needs and encouraged them to develop their daily living skills. Staff supported people to access the local community and people enjoyed day trips out organised by the staff. A complaints process remained in place, although no complaints had been received since last inspection.

The registered manager adhered to the requirements of their CQC registration. There were systems in place to obtain people's and staff's feedback about the service. Staff felt they were able to have open and honest conversations with the management team and staff were clear about their roles.

The provider was in breach of legal requirements relating to premises, staffing, good governance and need for consent. You can see what action we have asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. There were not sufficient staff employed to keep people safe and meet their needs. Staff were working very long hours which could impact on the quality of support provided.

People received their medicines as prescribed. Staff supported people to manage any risks to people's safety. Any incidents that occurred were reviewed and learnt from to improve the support provided to people. Staff followed safeguarding adults' procedures.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective. Training processes were not sufficiently effective to ensure staff could access the required training in a timely manner which impacted on their knowledge of how to support people safely and meet their needs.

Staff were not receiving regular supervision. Staff did not consistently adhere to the Mental Capacity Act 2005 and had not consistently applied for legal authorisation to deprive a person of their liberty.

Some areas of the service were not adequately maintained impacting on the quality and safety of the premises.

Staff provided people with support with their nutritional needs and liaised with healthcare professionals in order to provide support with their health needs.

Requires Improvement ●

Is the service caring?

The service was caring. Staff had built friendly caring relationships with people. Staff were aware of people's communication needs and communicated with people in a way they understood.

Staff respected people's privacy and their individual differences. People were supported to maintain relationships with friends and family, and visitors were welcomed at the service. Staff

Good ●

provided any support required in regards to cultural and religious preferences.

Is the service responsive?

Some aspects of the service were not responsive. Complete and contemporaneous care records were not always maintained in a timely manner and were not always updated in response to changes in people's needs and advice from specialist healthcare professionals.

Staff were knowledgeable about people's needs and liaised with people's mental health care teams to ensure people received consistent and coordinated care. Staff encouraged and empowered people to develop their daily living skills.

A complaints process remained in place, although no complaints had been received since our last inspection.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led. There were insufficient systems in place to monitor and improve the quality of service delivery. Systems were not in place to review the health and safety of the environment, cleanliness and infection control, the quality of care records and the management of people's finances.

The registered manager adhered to the requirements of their CQC registration. There were systems in place to obtain people's and staff's feedback about the service. Staff felt they were able to have open and honest conversations with the management team and staff were clear about their roles.

Requires Improvement ●

North Downs Villa

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.

We undertook an unannounced inspection on 19 February 2018. One inspector undertook the inspection.

Prior to the inspection we reviewed information held about the service including statutory notifications received about key events that occurred as required by law. The registered manager had not submitted the provider information return as required due to technical difficulties. This is a form that asked providers to inform us of what they do well and improvements they plan to make.

During the inspection we spoke with five people using the service and three staff members, including the registered manager. We reviewed three people's care records, two staffing records as well as records relating to staff training, supervision, appraisal and staff rotas. We reviewed medicines management arrangements and records relating to the management of the service. We undertook observations throughout the inspection.

After the inspection we received feedback from two healthcare professionals involved in people's care.

Is the service safe?

Our findings

The registered manager told us that in order to meet people's needs and maintain their safety they required three staff to be on duty during the day, in addition to the registered manager and two staff to be on duty at night. From the staff rota the week before our inspection we saw this was not being adhered to and there were not sufficient staff on duty. We also observed that due to a lack of staff some staff were being expected to work very long shifts in order to have staff in the building. This included staff working at night as well as in the morning, meaning they were working an 18 hour shift. On one occasion we saw one staff member had worked from 7am on 14th February 2018 until 3pm on the 15th February 2018, a total of a 30 hour shift. The rota for the week of our inspection showed that staffing numbers were not scheduled appropriately to ensure sufficient numbers of staff were on duty to meet people's needs. Staff confirmed the current staffing arrangements were not sustainable and were impacting on the quality of care delivered.

The registered manager told us they had experienced difficulties in recruiting staff. They did have a couple of staff due to start work, however, we were also informed that some of the current staff had resigned meaning there continued to be vacancies at the service.

The provider was in breach of regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Safe recruitment practices remained in place. The registered manager checked staff's previous employment history, knowledge and experience. They also obtained references from previous employers, checked their eligibility to work in the UK and undertook criminal records checks.

The service was clean and free from malodour. The registered manager told us the staff ensured a clean environment was provided, however there was no formal cleaning schedule and no records of the cleaning completed. We observed some staff wearing personal protective equipment (PPE) at mealtimes, however, we also observed one staff member providing a person with assistance at meal times and no PPE was being worn. We spoke to the registered manager about this who said they would address it with the staff member. Staff confirmed PPE was available when supporting people with their personal care to protect against the spread of infection.

People told us they felt safe at the service. One person said, "It's definitely a safe environment."

The majority of staff were knowledgeable in recognising signs of possible abuse and told us they felt comfortable raising any concerns identified. The registered manager assured us they would raise any concerns with the local authority safeguarding team, however, since our last inspection this had not been required. There were no ongoing safeguarding concerns at the time of our inspection.

Detailed information was obtained from people's mental health care team about any risk behaviour they displayed, including any historical information and/or incidents that occurred. Staff used this information to develop plans to manage and mitigate risks and provide people with the level of support they required to stay safe. This included providing people with the level of support they needed to minimise the risk of self-neglect and ensure people were eating and drinking sufficient amounts, adhering to their personal care and

taking their medicines. Some people displayed behaviour which could be aggressive or challenging. Staff were aware of the triggers to this behaviour and how to support the person to reduce their frustrations and to comfort them.

All incidents were recorded and reviewed by the registered manager. They reviewed the action taken at the time to ensure the person's safety and also implemented new ways of working to minimise the risk to people's safety.

Some restrictions were in place in order to maintain people's safety. This included not enabling people to have access to the kitchen without staff supervision and keeping sharp knives locked away. The provider continued to check the safety of the environment including fire safety procedures, gas safety, electrical safety and water safety.

People received their medicines as prescribed and this was confirmed when speaking with people. We saw safe processes were followed in regards to the administration of medicines. The registered manager undertook regular stock checks to ensure people received their medicines as prescribed and ensure all medicines were accounted for. Staff kept track of and supported people to attend the local clinic to have regular blood tests in relation to specific medicines they took to manage their mental health. Protocols were in place to instruct staff when to provide people with their 'when required' medicines. Medicines were stored in a cabinet which at the time of inspection was not locked due to staff waiting for an extra key to be cut. This was not in line with best practice however medicines were in a locked room which only staff had access to. The registered manager confirmed the day after our inspection that an additional key had been cut so medicines could now be safely stored.

Is the service effective?

Our findings

The provider had an induction programme available for new staff. We saw from staff records and from speaking with a staff member that this induction process was completed by the registered manager and included reviewing the provider's policies and procedures. However, due to the staffing pressures we found there was insufficient time for new staff to spend shadowing more experienced staff and to complete their mandatory training prior to supporting people unsupervised. This impacted on staff's knowledge of processes, including safeguarding adults' procedures. The registered manager also told us that only one staff member could access the training resources at one time, which impacted on the timeliness of the rest of the staff team completing the required training. At the time of inspection there was not a formal plan in place to ensure all staff had completed their training.

From reviewing staff's training records we saw more experienced staff had completed the required mandatory training. However, we saw the frequency of refresher training was not consistently in line with best practice guidance. For example, the provider expected staff to complete refresher training every three years. This was not in line with National Institute for Health and Care Excellence for managing medicines in a care home which stipulates that staff should receive annual refresher training.

The provider's policy was for staff to receive supervision every three months. However, we observed from records and the registered manager confirmed that this was not being adhered to. From the registered manager's supervision matrix we saw five out of eight staff had not received supervision since September 2017 and one staff member had not received supervision since June 2017. We also saw that during 2017 none of the staff had received an appraisal. This meant there was a risk that staff were not adequately supported to undertake their role.

The provider was in breach of regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

North Downs Villa is a large residential home. The service is split in two buildings with the majority of people living in the main house. In addition there is a small converted bungalow at the bottom of the garden. People living in the bungalow were welcome to spend time in the main house, however, the person living there at the time of inspection told us they preferred to spend time on their own. At the time of inspection work needed to be undertaken to ensure the service was properly maintained. We saw the communal bathroom downstairs in the main house had water damage meaning the flooring was lifting causing an unpleasant environment, which could not be kept clean and posed a potential trip hazard. The bathroom in the bungalow was being refitted. This room was still accessible to people and at the time of inspection did not provide a safe or pleasant environment. We also saw that whilst there were window restrictors in place these could be overridden and therefore people were not adequately protected from falling from height.

The provider was in breach of regulation 15 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff did not consistently adhere to the Mental Capacity Act 2005. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in

their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For two people the registered manager had followed appropriate procedures to ensure people were only deprived of their liberty when legally authorised to do so. However, from discussions with the registered manager and other staff it was clear that two other people were also being deprived of their liberty but the DoLS authorisation process had not been followed.

At the time of inspection the provider was in breach of Regulation 11 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff were aware of who was nominated to make decisions on people's behalf, this included in regards to people's finances and legal matters.

Staff asked people daily what they would like to eat and provided them with meals in line with their choices. A menu was developed incorporating people's favourite foods. In addition, people could request an alternative if they did not want what was on the menu. Staff encouraged people to get involved in meal preparation as much as they were able to. At the time of inspection staff told us not many of the people were interested in participating in this.

Staff were aware of people's dietary requirements and provided meals in line with these. This included for one person providing them with a soft diet in line with guidance from the speech and language therapist. Staff also respected people's cultural preferences in regards to meals and were aware of any food allergies people had.

Each person was registered with a local GP and there were arrangements in place for dentists, opticians and chiropodists to visit the service. One person told us, "If you need [health] appointments, [the staff] come with you." Staff worked with professionals from the community mental health team to ensure people's needs continued to be met in regards to their mental health. The majority of people had allocated care co-ordinators who visited them regularly. Staff liaised with relevant professionals involved in people's care, particularly when they had concerns a person's health was deteriorating. This included liaising with learning disability specialists, speech and language therapists and occupational therapists.

Is the service caring?

Our findings

A person told us they thought the staff were, "absolutely fantastic. Staff are all so lovely. Couldn't ask for anything else. I would recommend [the service] to anyone." Another person said, "Staff are friendly. Everyone's nice." A healthcare professional told us staff were warm in their approach and seemed to "genuinely care about [people's] wellbeing and progress".

Staff were aware of how people communicated and spoke to them in a respectful and friendly manner. The registered manager told us they had used communication tools previously to aid communication with people who did not communicate verbally. However, these had not been successful. They continued to work with people to improve their communication. Nevertheless, staff were aware of the person's body language and use of non-verbal communication to communicate their needs and wishes. Information was included in people's care records about their communication needs and how to communicate with people in a way they understood.

Staff supported people to express themselves and respected their preferences. This included supporting people in line with how they identified and using their preferred name. Staff asked people about their religious preferences and told us they would provide people with any support they required, however, at the time of inspection no-one using the service was practicing a religion.

People's relatives and friends were welcomed at the service. Staff were careful to make people feel welcome at the service, whilst also maintaining people's safety. Visitors not known to staff were only allowed to visit people in communal areas so staff could appropriately supervise.

People were able to make their own choices about how they spent their time. This included in relation to the preferred daily routine, what they participated in and where they spent their time. For people who were not deprived of their liberty there were no curfews or restrictions on when they could access the community. However, staff expected people to tell them where they were going and when they expected to be back so staff could maintain their safety. Staff respected people's decisions and provided any support they required.

Staff respected people's privacy. People confirmed that when they wanted time in their room and space away from the group that staff respected this. We observed staff knocking on people's doors and asking their permission before entering.

Is the service responsive?

Our findings

Whilst staff were knowledgeable about people's needs and had liaised with other healthcare professionals to obtain specialist advice about how to meet people's needs, this information was not always captured in people's care records. We saw people's care records had not been updated to reflect changes in people's physical health needs and did not incorporate advice provided by occupational therapists or speech and language therapists. We also observed that the two people who had moved to the service in the weeks and months prior to the inspection did not have a full care plan in place. A short care plan was available for both but these did not provide detailed information about their history and support needs. Completed and contemporaneous records were not maintained in a timely manner about people's care needs.

This adds to the evidence in 'well-led' to support a breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

A healthcare professional informed us the registered manager was proactive in attending people's hospital discharge meetings to obtain information about their care needs and ensure a smooth transition between services. Information was obtained from people's mental health care team about people's mental health needs and the level of support they required. This also included information about the support people required with skill development and gaining the skills to live a more independent life. Another healthcare professional told us the staff were proactive in supporting people's care needs, including in relation to their mental health.

Staff promoted people's independence and involvement in activities of daily living. Staff said they found it difficult to motivate the people using the service to get involved in different activities but were pleased with the progress people were making including managing their own personal care as much as possible. We heard from a healthcare professional that behaviour associated with people's mental health, including self-neglect, had improved since being at the service as staff had supported people to develop routines and motivated people to build upon their daily living skills. One person told us they were free to follow their own daily routine, without pressure from staff to do things at certain times. They said staff were available to support them as and when they required it, for example to wash harder to reach areas due to mobility difficulties.

Staff encouraged people to lead a healthy lifestyle. Those that were interested were accompanied to access the local gym and sports facilities, staff worked with people to make healthy choices in regards to meals and nutrition, and staff provided people with information about smoking cessation. Where people previously enjoyed an alcoholic drink, staff encouraged them to drink alcohol free alternatives.

One person said, "There's nothing to do, I'm bored." When asked what they would like to do they told us they would like "to go out more". We observed there were not many activities being undertaken at the service and staff told us they found it difficult to engage people at the service. Nevertheless, the staff had arranged for a weekly art therapy session to be held at the service. This session was well attended and people told us they enjoyed the activity. People enjoyed spending time with staff when accessing the local

community and local amenities. One person told us they always had staff with them when they went out and they enjoyed spending the time with staff. People told us they also enjoyed days out with staff and staff told us they were in the process of developing a programme of trips for when the weather improved.

The provider's complaints process was displayed in the hallway for people and visitors to see, as well as a suggestion box. We saw that people were reminded about how to make a complaint during 'residents' meetings and through the minutes of these meetings. The registered manager told us they regularly reviewed the suggestions box but that no complaints had been made since our last inspection. The complaints process remained in place to ensure any complaints made would be investigated and responded to.

Is the service well-led?

Our findings

People were aware of who the registered manager of the service was. However, we observed there were insufficient processes in place to monitor and improve the quality of service. There was a lack of processes to monitor cleanliness and adherence to infection control procedures, review the health and safety of the environment and review the quality of care records. We also saw insufficient arrangements in place to monitor practices for the management and storage of people's finances at the service. Some people had their daily allowance stored by staff in the office, however, sufficient records were not maintained about financial transactions and there were insufficient checks to ensure finances balanced. Due to a lack of systems in place to review the quality of service delivery, there was also a lack of plans in place to ensure continuous service development and ensure staff adhered to best practice guidance, including frequency of medicines training, completion of audits and timeliness of completion of DoLS authorisations.

The provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The management team were 'hands on'. The two directors both worked shifts and worked directly with the people using the service. In addition to the directors there was a registered manager. The registered manager and directors worked closely together to manage and lead this service. North Downs Villa is a small family run business. Nevertheless, the directors respected the registered manager's decisions and gave them the space and autonomy to manage the service.

The registered manager was aware of the requirements of their CQC registration and submitted notifications about key events that occurred at the service. The rating from their previous CQC inspection was clearly displayed in the service's hallway for people and visitors to see.

The registered manager invited people to attend regular 'service user' meetings. They displayed notices in the communal areas advertising the meeting and asking people to add to the agenda items. The registered manager told us the people using the service at the time of our inspection did not want to participate in these meetings. They said they wrote up the items they wanted to discuss with people and gave this to each person so they were still informed about any changes to service delivery. Nevertheless, the registered manager told us they had regular individual conversations with people to obtain their views and ensure they were happy with the service provided, and this was confirmed by the people we spoke with.

A regular staff meeting was held which enabled staff to discuss as a team service delivery, the support provided to people and any changes or developments planned. Staff told us there was a close staff team with open communication. However, staff did say whilst verbal communication and handover of information was thorough, this information was not always written down and they felt it would be helpful to have the information recorded so staff could refer to it at a later date. Staff said there was close team working and felt able to have open and honest conversations with the management team. They felt any suggestions made were listened to.

The management team worked with other agencies to ensure coordinated and consistent care delivery. This

included with the commissioners of care and members of people's mental health care team.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person had not acted in accordance with the 2005 Act in regards to applications for legal authorisation to deprive a person of their liberty. Regulation 11 (3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service provider had not ensured the premises were properly maintained to ensure it was suitable for its intended use, clean and secure. Regulation 15 (1) (a) (b) (c) (e).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured effective systems were in place to assess, monitor and improve the quality of care and to assess, monitor and mitigate the risks to service users. The provider had not ensured effective systems to ensure accurate, complete and contemporaneous records were maintained. Regulation 17 (1) (2) (a) (b) (c).
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person had not ensured there were sufficient numbers of suitably skilled and experienced staff to meet people's needs.

The registered person had not ensured staff were adequately supported through completion of training in a timely manner and regular supervision.

Regulation 18 (1) (2) (a).