

229 Mitcham Lane Limited

229 Mitcham Lane Limited - 11 Angles Road

Inspection report

11 Angles Road
Streatham
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SW16 2UU
Tel: 020 8677 7444

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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 

Overall summary

This unannounced inspection took place on 29 December 2015. 229 Mitcham Lane Limited - 11 Angles Road provides personal care and accommodation for up to six people with mental health needs. Three people were using the service at the time of the inspection.

The service has a registered manager who has been in post since 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The previous inspection of the service took place in September 2014. The service met all the regulations we checked at that time.

People told us they felt safe at the service. People received their medicines safely as prescribed. Staff

Summary of findings

understood their responsibility to identify and report signs of abuse or neglect to protect people from harm. Staff had identified risks to people's health and put plans in place to support them appropriately. People received support in line with their care plans. There were sufficient staff available on duty to meet people's needs.

Staff received relevant training and support to carry out their work. People received support to develop their day to day living skills and to promote their independence.

Staff had assessed people's needs and regularly reviewed them to ensure they received appropriate support. Staff had guidance in place on how to support people effectively. Support plans reflected people's choices and preferences.

People had access to the healthcare they needed. People enjoyed the choice of food offered at the service. Staff were respectful of people's privacy and dignity. People had received support to make decisions about their care.

People said they liked being at the service. Staff knew people knew well and had developed positive relationships with them. People said staff treated them with respect and were polite and friendly. People received support to follow their interests and pursue their hobbies. People gave consent to their care and support.

The registered manager sought people's views of the service and used their feedback to make changes. People understood how to use the service's complaint procedure and did not have any worries about raising a concern with the registered manager.

The registered manager made regular checks to monitor the quality of the service and made improvements if necessary. The provider had oversight of the running of the service. People and staff said the registered manager was approachable and friendly. A care coordinator told us the registered manager liaised effectively with the mental health team and other healthcare professionals to ensure the service met people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff had identified risks to people's safety and well-being and managed them appropriately. Staff understood how to protect people from abuse and neglect.

There were enough staff to meet people's needs. People received support to take their medicines safely as prescribed.

Good



Is the service effective?

The service was effective. Staff received support to carry out their roles. Staff had the relevant skills and knowledge to support people effectively.

People gave consent to the care they received. People had nutritious food at the service. People received the healthcare they needed.

Staff had supported people in line with the principles of the Mental Capacity Act (MCA) and the requirements of Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People told us staff were friendly and polite. Staff upheld people's privacy and dignity.

People made decisions about the care and support they received. People received support in line with their wishes.

Good



Is the service responsive?

The service was responsive. Staff knew people's needs and preferences and supported them as they wished. People followed their interests and took part in activities in the community.

The registered manager sought people's views about the service and responded to them. People understood how to make a complaint.

Good



Is the service well-led?

The service was well-led. People and staff told us the registered manager was approachable and valued their views to improve the service. Staff felt well supported.

The registered manager carried out checks on the quality of the service and made improvements if necessary. The service worked in partnership with healthcare professionals to meet people's needs.

Good



229 Mitcham Lane Limited - 11 Angles Road

Detailed findings

Background to this inspection

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection checked 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 unannounced inspection took place on 29 December 2015 and was carried out by one inspector. Prior to the inspection we reviewed the information we held about the service including notifications we had received and used this to plan the inspection. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people using the service, a relative, one member of staff and the provider.

We reviewed three people's care records and three medicines administration records (MAR) charts. We viewed five records relating to staff including training, supervision, appraisals and duty rotas. We looked at monitoring reports on the quality of the service. We reviewed feedback people and their relatives had given about their experience of the service. We made general observations of the care and support people received at the service.

After the inspection we spoke with a care coordinator and a community psychiatric nurse about their views of the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, “I feel ok here. Staff are good and help keep me safe”. A relative told us, “The service is a safe place for [person’s name]”.

Staff had information about risks to people and the action the registered manager had taken to minimise these. Staff had assessed risks to people’s health and safety before and after they came to the service and then made regular reviews. Staff had sufficient and up to date guidance on how to manage the identified risks. For example, there were guidelines in place for one person to minimise the risks associated with them preparing their own meal in the kitchen. A care coordinator told us the service had effectively managed risks to a person and this had seen reduced significant incidents they were involved in.

People were protected from the risk of experiencing abuse or neglect. Staff explained to us the abuse that could happen to people and the signs to look out for. Staff knew how to raise concerns of abuse to the local authority using the service’s safeguarding procedure. Staff knew how to take action as a ‘whistle-blower’ if they felt the registered manager had not effectively addressed their concerns about abuse. Staff understood how to keep people safe from abuse or neglect.

Staff supported people to manage their money safely. One person told us, “Staff help me with budgeting. I am doing well with my savings”. Staff had used the service’s finance procedure to support people with their finances. Records showed two staff and the person had signed for the financial transactions. The registered manager had made weekly checks of the finances and had signed these to confirm they were up to date and accurate. This had minimised the risk of financial abuse of people’s money.

People received support with their medicines. One person told us, “I know my medicines help me feel better”. Staff had assessed and regularly reviewed people’s need for

support to manage their medicines. One person told us, “The staff remind me about my medicines”. People had access to the community mental health team (CMHT) about any concerns they had about their medicines. For example, staff had raised concerns about a possible side effect of a person’s medicines. This had enabled the person and the CMHT to have a review of their medicines to ensure they maintained their mental and physical health.

People had consistently received their medicines. Medication administration record (MAR) charts were accurately completed. The MAR charts showed people had received all their medicines as prescribed at the correct times and in the right dosage. Medicines were securely and appropriately stored.

People received the support they required. One person told us, “There is always a member of staff to help when needed”. Rotas showed there was always sufficient staff available on duty to support people with their needs. The service had made additional staff available to support people to go out as they wished and attend healthcare appointments. Staff told us they had good teamwork and ensured there was adequate cover to meet people’s needs. The registered manager had ensured annual leave and sickness absence were covered.

People and staff knew what action to take in the event of an emergency in the service to keep safe. People told us they knew how to evacuate the building in the event of a fire. Staff and records confirmed regular fire drills were held in the service and showed action was taken to raise people’s awareness in following the evacuation procedure.

People were safe at the service. The environment was well maintained and clean. Staff regularly monitored and kept records of health and safety checks of the building and maintenance. Appropriate certificates were in place for equipment, gas and electrical systems. People used a designated smoking area to prevent the risk of starting a fire at the service.

Is the service effective?

Our findings

People told us they enjoyed living at the service. One person told us, “I am happy with my stay here. This is a wonderful place”. Another person told us, “Staff are great with their support”. People told us they received the support and care they needed.

People were involved in planning for their care to ensure they agreed with the way staff supported them. One person told us, “I decide what I want to do and staff help”. Staff supported people in line with the requirements of the Mental Capacity Act (MCA) 2005. Staff had received training in MCA and ensured they upheld the rights of people who may lack mental capacity. At the time of the inspection no-one in the service fell under the scope of the Deprivation of Liberty Safeguards (DoLS). Staff told us they had gained knowledge in the DoLS training of when to restrict people’s liberties lawfully. Staff understood the circumstances when a DoLS application should be made to the local authority.

Staff had received support and relevant training to meet people’s needs. The service had an induction programme for new members of staff to ensure they understood how to support people effectively. The registered manager ensured staff understood the service’s procedures such as adult safeguarding and medicines management. Records confirmed that staff had attended a safeguarding adult’s course. Experienced staff worked alongside new colleagues and demonstrated how people liked to receive their support. For example, records showed they had worked with a person to learn how the person liked to receive support to prepare and cook their meals. Induction records showed new members of staff read people’s care plans to ensure they knew their needs and understood how to deliver their support appropriately. We saw staff had received specific training to understand people’s mental health needs.

People received appropriate support from well trained staff. A member of staff told us, “We have regular training and learning sessions to enhance our knowledge and skills”. Records showed staff had received training provided by the community mental health team (CMHT) relevant to people’s needs. The training included courses on managing behaviours that challenge the service and mental health awareness. Staff had knowledge and skills to support people appropriately.

Staff felt well supported by the registered manager to undertake their role. They told us they could ask or ring the manager for advice on any concerns about people. Staff told us they received regular one to one supervisions. Supervision records confirmed this and showed issues discussed included people’s health needs and staff training. Staff had performance appraisal in relation to how they had supported people. The registered manager had ensured staff received further training to improve in areas such as the way they communicated with people and managed their medicines.

Staff upheld people’s rights and asked for their consent to the care and support they needed. One person told us, “Staff will ask if I need help and then support me as agreed”. Another person told us, “I spend my time as I like”. Care records showed people had consented to the care they received such as support with their medicines and attending hospital appointments.

People were happy with the food and drink provided at the service. One person told us, “The meals are nutritious and tasty”. Another person told us, “I prepare food I like”. People had received support from staff with preparation of the food they liked. People told us they were able to choose and buy food. Another person told us, “Staff help me when I plan and prepare my meals”. People told us they could prepare their own drinks when they liked. Fresh fruit and snacks were available in the service for people when they wished. Staff told us they encouraged people to have healthy eating options.

People had their health needs met. One person told us they were happy they had never missed a healthcare appointment as staff reminded them. People had access to health professionals such as GPs and occupational therapists when needed. Care records showed staff had supported a person to attend their appointments with the community mental health team (CMHT).

Staff monitored people’s health and took appropriate action if they showed a decline in their mental health and well-being. Staff had contacted the GP and CMHT when a person’s mental health had showed signs of decline. A health professional told us staff sought advice and guidance if they had concerns about a person’s mental health needs and how to support them appropriately.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, “Staff are friendly and helpful. I have no concerns at all”. Another person told us, “I am happy here. The staff knows everyone by name”. A relative told us, “Staff know [person’s name] well and are able to recognise any signs of decline in their mental health”.

Staff respected people’s privacy and dignity. People told us they had the privacy they needed. One person told us, “Staff will knock before coming into my room”. Another person told us they had a key to their room and could lock it if they wished. We observed staff gave people the support they needed discreetly and in a way that promoted their dignity. For example, they asked a person if they wanted any help with their personal care in such a way that other people could not overhear.

We observed that staff were patient when giving information to people and explaining their support. For example, we heard a member of staff talking with a person about their hospital appointment. They said, “[Person’s

name] we have booked transport so we won’t be late”. The person said they were fine with the arrangement and appeared to be reassured about it. People told us staff gave them time to answer their questions and listened to what they said.

Staff involved people in making decisions about their care and support. People told us they had choices on how they wanted to spend their day and to make decisions in relation to daily activities.

For example, people were asked what refreshments they liked and were able to choose which drink they wanted. Care records showed staff had asked people about their preferences. For example one person told us they preferred a lie in and staff respected their choice.

People were encouraged to be as independent as possible. One person told us, “I do my laundry once a week”. Another person said they often went out of the service on trips with a friend. Care records showed people’s plans on what they wanted to do to develop their independent living skills. Another person told us, “I am working on my cooking skills”. Staff encouraged them to be as independent as possible.

Is the service responsive?

Our findings

People received support which met their individual needs. Staff involved people in planning for their care and asked them how they liked to receive support and respected their choice. One person told us, “Staff support me with my requests”.

Staff knew people’s needs and supported them appropriately. Staff had assessed people’s needs and provided them with appropriate support. Information gathered from people and their healthcare professionals included their mental and physical health needs, background, their interests and preferences. Staff had put individual plans in place to ensure they met each person’s needs. For example, one person’s plan had information on the support they required to maintain their mental health, how to manage their finances, maintain relationships with family and pursue their interests. Staff had regularly reviewed people’s plans to ensure they reflected their current needs and the support they required. One person told us, “I get the support I need”. A health professional told us staff knew people well and met their needs.

People’s diverse needs were recognised and respected. Staff told us they understood how to respect the diverse needs of people to ensure they were not discriminatory in their practice. One person told us, “Staff support me to buy and cook my [ethnic] food”. Another person said, “Staff know we are all different and support us with our individual needs”.

People received support to advance their education to attain new skills. People had regular meetings with staff to review their progress towards developing their personal goals. One person told us, “I want to improve my knowledge and will enrol for further training”. Care records showed staff had discussed with people about the skills they were developing and any further support they required to achieve their goals. Staff had updated their support plans to reflect these discussions.

People told us they had developed positive relationships with staff and other people in the service which reduced social isolation. One person told us, “I have friends here and we get on well”. A member of staff told us, “All staff have worked here for several years. We know people and understand their needs”.

People took part in activities of their choice in the service and the community. Staff supported people to pursue their individual interests. People’s records had information about how they wished to spend their time and how staff supported them. For example, one person told us, “I enjoying going out and meeting friends”. For example, one person told us staff had helped them arrange a visit to their family for a birthday celebration. People told us they had outings to pubs, parks, local cafes and shops. One person told us, “It feels great being part of the community”.

People knew how to make a complaint if necessary. People and their relatives understood how to use the service’s complaints procedure. They told us they felt confident to make a complaint if they had any. One person told us, “Communication is great here. Staff listen and explain things. I have not needed to complain about anything”. A relative told us they would approach the registered manager if they had any concerns.

The registered manager welcomed people’s suggestions and used them to improve the service. People had regular meetings in the service where staff sought their views about their care. The service also used a keyworker system to gather people’s views about the support and care they received. A keyworker is a member of staff assigned to one person to support them to evaluate the care they receive and to discuss any concerns they might have about the service. Staff met with the person they were keyworker for each month. The meeting records showed people had the opportunity to talk through any concerns they had and to get the appropriate support to have their needs met.

People had compliments about the service and the way staff treated them. One person’s record said, “I feel listened to and valued”.

Is the service well-led?

Our findings

People and a relative told us the registered manager was friendly and approachable. They had positive comments about the registered manager, staff and the service. One person told us, “The manager is friendly and listens when I have concerns”. A relative said, “The manager is available and ensures people receive the support they need”.

Staff told us the registered manager promoted a culture of openness and encouraged them to question their practice. They felt they could report any concerns without any fear of being victimised. They told us the registered manager discussed with them about the way they supported people. Records of team meetings showed staff raised concerns and discussed their ideas about how they worked in the service. Staff said the registered manager welcomed their contributions on how to improve the support and care people received. Staff told us the registered manager was always available to give support when in the service and ‘on call’. The registered manager ensured regular staff meetings centred on meeting people’s needs effectively. Staff told us the provider was always available for support and regularly visited the service.

A registered manager had been in post since 2010. People told us they were happy with the management of the service. The registered manager was involved in the day to day operation of the service. One person told us, “The manager is ‘hands on’ and supportive”. Another person said, “The manager is always there to listen to any worries I might have”. The provider had professional oversight of the management of the service. The registered manager had an action plan to improve and develop the service which the provider regularly reviewed.

Staff told us they received guidance from the registered manager on how to meet people’s needs. They told us the registered manager and the provider explained how they were to interact with people to enhance their experience of the service. A member of staff told us, “We have people at the centre of what we do. We engage with them and provide an enabling environment”. Staff told us the registered manager always demonstrated good practice when supporting people. A member of staff told us teamwork was good and they shared information about concerns of the people they supported.

The registered manager valued people’s views and used feedback to improve the service. People completed a ‘resident’s views’ book of their opinions about the service. There were positive comments about the care they had received. For example, one person had said, “the support here is great and staff are encouraging”. Relatives had recorded their views in a book at the service and commended the work done by staff and the registered manager. For example, a relative had said, “the service is well run”. People told us the registered manager asked them to make suggestions to improve the service. They had said they were happy with the service and felt confident the manager who consider their suggestions if they raised any.

Healthcare professionals’ views of the service were complimentary as recorded in the visitors’ book. One comment read, “Staff have the skills and knowledge to support people with their mental health needs”.

The registered manager worked in partnership with the community mental health team. Records showed timely referrals made to healthcare professionals about people’s physical and mental health. A health professional told us they felt the service supported people well with their mental health needs and took appropriate action if they had any concerns about them.

People received support in line with current guidance from healthcare professionals. The registered manager monitored the quality of care and support provided to people to ensure the service met their needs. For example, the registered manager had made regular checks on care plans and ensured they were up to date and staff had sufficient guidance on how to support people.

The service was subject to regular checks to improve on care delivery to people. Maintenance audits showed regular monitoring of the building and equipment checks and improvements made if necessary.

The registered manager carried medicines management audits to ensure people received their medicines as prescribed. The registered manager had signed medicines administrations record charts and ensured they were accurately completed. However, the service needed a robust medicines audit policy to minimise the risk of errors. For example, staff had not maintained a documented audit

Is the service well-led?

trail from receipt through to administration and/or disposal of all medicines. The provider told us during our feedback the service would be reviewing the medicine policy to make it robust.

The service had submitted statutory notifications to CQC as required. The registered manager recorded all incidents

and kept a record to monitor trends. Accident records had information on the action taken after an incident and plans to prevent a recurrence. The registered manager took appropriate action to ensure people received effective care.